

## F O R E W O R D

### PURPOSE

This handbook has been prepared for the information and guidance of providers who participate in the Illinois Medical Assistance Program. The purpose of the handbook is to provide clear statements of Department of Public Aid policy and sufficient instructions and guidelines to enable providers to:

- . provide covered services to eligible Public Aid recipients
- . submit proper billings for services rendered
- . make inquiries to the proper source when it is necessary to obtain clarification and interpretation of Department policy and coverage under the Medical Assistance Program.

Providers will be held responsible for compliance with all policy and procedures contained herein.

### FORMAT

The handbook is divided into four sections:

- SECTION I     - General policy and procedures applicable to all participating providers
- SECTION II    - Specific policy and procedures applicable to the provision of a specific type or category of service
- SECTION III   - Appendices: A General Appendix consisting of material applicable to all participating providers and a Specific Appendix consisting of material related to Section II.
- SECTION IV    - Drug Manual (included only with the handbooks for pharmacies and for physicians)

### MAINTENANCE OF HANDBOOK

The pages of the handbook have been prepared for insertion in a three-ring binder for ease in use. Revisions in and supplements to the handbook will be released from time to time as operating experience and State and/or Federal regulations require policy and procedure changes in the Medical Assistance Program.

Transmittals of revisions and supplements will be consecutively numbered. It is suggested that providers record receipt of all transmittals and subsequent updating of the handbook.

= DISTRIBUTION OF FORMS

All forms (except the UB 82 invoice) required to be used by providers are supplied by the Department without charge.

To order claim forms and mailing envelopes the provider must complete and mail the Provider Forms Request (DPA 1517 or DPA 1517A) to the following address as appropriate. The initial mailing of the Provider Forms Request was included with the enrollment information.

Providers located in Cook, DuPage, Kane, Kankakee, Lake, Will and Winnebago counties are to complete form DPA 1517A and mail both copies to:

Illinois Department of Public Aid  
5055 West Lexington  
Chicago, Illinois 60644-5288

Providers located in all other counties and out-of-state are to complete form DPA 1517 and mail both copies to:

Illinois Department of Public Aid  
5000 Industrial Drive  
Springfield, Illinois 62703-5387

A billing service requesting a supply of forms must include (in addition to the full name of the company and the mailing address) at least one IDPA provider name and IDPA provider number. This will alleviate a billing service requesting claim forms for a provider who has not enrolled in the Medical Assistance Program.

Providers when requesting forms should request a three month supply and allow 30 days for delivery. When the order is filled a new Provider Forms Request will be included.

Please reference Chapter 200 of your handbook for the correct claim form and mailing envelope number.

If you have any questions regarding the completion of the Provider Forms Request, please call (217)785-4921.

Hospitals and Renal Dialysis Facilities are required to use the UB 82 invoice which is not provided by the Department. The provider will be required to obtain his own supplier.

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SECTION

I

CHAPTER 100

General Policy and Procedure

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

101. Authority and Objective

The Illinois Medical Assistance Program is the Federal-State public assistance program which implements Title XIX of the Social Security Act (Medicaid). It is administered by the Department of Public Aid under the Illinois Public Aid Code. The Department has statutory responsibility for the formulation of policy in conformance with Federal and State requirements.

= The Department also has authority to set forth program requirements governing medical services provided under the Transitional Assistance and Family and Children Assistance Programs. Unless specifically indicated, the policies and procedures as specified in the Handbook for Medicaid are also applicable to these programs.

The objective of the Medical Assistance Program is to enable eligible recipients to obtain necessary medical care. "Necessary medical care" is that which is generally recognized as standard medical care required because of disease, disability, infirmity or impairment.

Payment for necessary medical care, specified in Topic 102, is made to participating providers when it is not available without charge or covered by health insurance or other liable party.

The Department may impose prior approval requirements, as specified by rule, to determine whether medical care is necessary and eligible for payment from the Department in individual situations. Such requirements are based on recommendations of technical and professional staff and advisory committees.

Both fiscal considerations and good administrative practice require the imposition of certain limitations and controls on the kind and amount of medical care covered by the Medical Assistance Program. Careful review of the subsequent Handbook material will enable providers to identify specific program coverages and limitations.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

102. Covered Services

102.1 The medical services that are covered for 1) recipients of financial assistance under the Aid to the Aged, Blind and Disabled (AABD), Aid to Families with Dependent Children (AFDC), or Refugee/Repatriate programs; 2) recipients of Medical Assistance only under the AABD program (AABD-MANG); and 3) recipients of Medical Assistance only under the AFDC program (AFDC-MANG) are:

Hospital inpatient services

Hospital outpatient and clinic services

\* Hospital emergency room visits

Encounter rate clinic visits

Physician services

Pharmacy services

Dental services

Chiropractic services

Podiatric services

Optical services/supplies

Home health agency visits

Laboratory/x-ray services

Long Term Care services

Family planning services and supplies

Medical supplies, equipment, prostheses and orthoses,  
and respiratory equipment and supplies

Transportation to secure medical services

Healthy Kids (EPSDT) services

Hospice

Subacute Alcohol and Substance Abuse Treatment services

\* The visit is to be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

102. Covered Services (continued)

= 102.2 The medical services that are covered for 1) recipients of the Family and Children Assistance Program; and 2) recipients of the Transitional Assistance Program are as follows. The first three types of services (hospital inpatient, hospital outpatient and clinic and hospital emergency room visits) are covered only for recipients of Family and Children Assistance. This limitation on coverage also applies for any other service if it is billed by the hospital. Hospital services of any type are not covered for recipients of Transitional Assistance.

\* Hospital inpatient services (not covered under Transitional Assistance)

Hospital outpatient and clinic services (and all ancillaries) for surgical procedures, renal dialysis, cancer therapy or follow-up burn treatment (not covered under Transitional Assistance)

\*\* Hospital emergency room visits (not covered under Transitional Assistance)

Encounter rate clinic visits

Physician services

\*\*\* Vital pharmacy services

\*\*\* Vital medical supplies, equipment, prosthetic devices and respiratory equipment

Emergency dental services for relief of pain and infection

Group care services, subject to prior approval

Laboratory and x-ray services

Transportation to secure medical services

Family planning services and supplies

Optical services and supplies if the GA recipient has obtained employment and needs the glasses in order to work

Home Health Agency services (terminally ill clients only)

Hospice

\*\*\*\* Subacute Alcohol and Substance Abuse Treatment services

\* Physical rehabilitation services and psychiatric services are not covered.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

102. Covered Services (continued)

\*\* The visit is to be for the alleviation of severe pain or for the immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is no immediate treatment.

\*\*\* Those items necessary for life maintenance and life threatening situations.

\*\*\*\* Limited to recipients, ages 13 through 17, residing in the City of Chicago.

103. Services Not Covered

Services and supplies for which payment will not be made include, but are not limited to, the following. See Section II, Chapter 200, for other exclusions which are related to specific categories of service.

Services available without charge  
Services prohibited by State or Federal law  
Experimental procedures  
Research oriented procedures  
Medical examinations required for entrance into  
educational or vocational programs  
Autopsy examinations  
Preventive services, except those provided through  
the Healthy Kids program for children through  
age 20, required school examinations, and  
those provided through the drug formulary  
Routine examinations  
Artificial insemination  
Abortion, except in accordance with DPA Rule 140.413(a)(1)  
Medical or surgical procedures performed for  
cosmetic purposes  
Medical or surgical transsexual treatment services  
Diagnostic and/or therapeutic procedures related  
to secondary infertility/sterility  
Acupuncture  
Subsequent treatment for venereal disease, when  
such services are available through State  
and/or local health agencies  
Medical care provided by mail or telephone  
Unkept appointments  
Preparation of routine records, forms and reports  
Visits with persons other than a recipient, such  
as family members or group care facility staff  
= Items or services for which medical necessity is not  
clearly established  
= Services provided only, or primarily, for the convenience  
of recipients and/or their families



100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

104. Prior Approval Provisions

Prior approval is required for the provision of certain medical services/items in order for payment to be made by the Department. Services/items requiring prior approval are identified in the provider specific Chapter 200 in Section II of the Handbook. Appropriate forms for use in requesting prior approval, with instructions for completion, are included in the specific appendix in Section III.

In general, in order for prior approval to be granted, items or services must be:

- . nonexperimental
- . appropriate to the recipient's needs
- . necessary to avoid institutional care, and
- . medically necessary to preserve health, alleviate sickness, or correct a handicapping condition

Providers are responsible for obtaining prior approval for services/items to be provided. Each specific Handbook Appendix provides detail for submittal of prior approval requests. Requests are to be submitted to the appropriate approval authority designated for the particular service/item for which approval is being sought. See General Appendix 8 for the approval authorities and mailing addresses.

Generally, prior approval requests must show:

- . the case name
- . patient name
- . case identification number
- . recipient number
- . patient age, address, and whether or not the patient resides in a group care facility
- . identification of the practitioner prescribing or ordering the item or service
- . diagnosis
- . description of item or service
- . treatment plan
- . how long the service or item will be needed, and
- . purchase or rental cost

To the extent possible, the request should show how the item or service is expected to correct or help the condition, and why the requested treatment plan is better than any other plan commonly used to deal with similar diagnoses or conditions. Anything unique to the medical condition or living arrangement affecting the choice of a recommended treatment plan or item should be explained.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

104. Prior Approval Provisions (continued)

For any service or item requiring prior approval, the ordinary processing of the request may be bypassed in emergency situations. "Emergency" is defined as:

"a condition or situation which threatens the recipient's life, may cause permanent damage or requires services which are needed, in the opinion of the attending physician, to relieve immediate and significant pain and suffering."

If, in the opinion of the attending physician, an emergency exists, as defined above, immediate approval can be obtained via telephone.

If the client's condition is so severe that his or her life is endangered and there is not enough time to seek approval via telephone, or if the service is needed during nonworking hours, the service may be provided without prior approval.

The fact that a service or item is provided in an emergency does not mean that the service or item will continue to be approved as part of a long-term treatment plan. A written request for prior approval must be made for any service or item which was initially provided in an emergency in order to obtain continuing approval.

As to telephone requests for prior approval, once approved, no further evaluation of the request will be made. However, the provider must submit the required request form, after the fact, in order to establish authorization records necessary to the adjudication of a claim. As to services provided without any prior approval under the circumstances described above, the provider must submit the required request form after the fact, in order for a determination to be made as to whether or not the service will be approved and therefore paid by the Department. The request form must be received by the Department within thirty days following the date the service is provided.

The Department will not give prior approval for an item or service if a less expensive item or service is appropriate to meet the recipient's needs. The Department will not approve purchase of equipment if the recipient already has equipment which is adequate and sufficient to meet needs. The Department will not approve the purchase of equipment if the Department already owns such equipment and will make it available for the recipient to use.

Approval is not transferable. When it is given, only the provider submitting the request may provide the approved service/item. (Pharmacies see Section II, Chapter P-200)

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

104. Prior Approval Provisions (continued)

An approved request does not guarantee payment. The recipient for whom the services/items are approved must be eligible at the time they are provided.

Except for medical transportation requests, written notice of the disposition of requests for prior approval will be sent to the recipient; oral notification only will be given when transportation requests are approved. When a request is denied, the recipient will be advised of his/her right to appeal the decision and to have a fair hearing. An appeal may not be made by the provider.

= 105. Spenddown

The spenddown program provides medical assistance to recipients who would otherwise be ineligible because of income and/or assets which exceed Department standards. If a recipient has no private insurance or has inadequate insurance coverage, a relationship is created in which responsibility for meeting medical needs is shared between the recipient and the Department.

Once enrolled in the spenddown program, the recipient's spenddown obligation is determined on a monthly basis. The amount of that monthly obligation is based upon the value of the recipient's available income and assets which exceed Department standards.

Although enrolled in the program, recipients do not automatically receive a MediPlan Card each month. MediPlan Cards are only issued for the months for which recipients have demonstrated that incurred or paid medical expenses equal the spenddown obligation. All medical charges up to the spenddown obligation are the recipient's responsibility.

Recipients may meet spenddown in one of two ways. First, spenddown may be met by presenting, to the local office, medical bills and receipts for any month within the six-month period immediately prior to the month for which a card has been requested. In this situation, no split-bills are created or are necessary.

Example: In June, the recipient requests a MediPlan Card for July because of an anticipated medical need. If the recipient presents bills and receipts equalling the spenddown obligation for any or all months during the period of January through June of the current year, a card will be issued for July. As a result, the recipient will already have an eligibility status that is established and verifiable at the time of service.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

105. Spenddown (continued)

Secondly, the spenddown obligation may be satisfied as of the date on which services were incurred (split-bill date). If so, the local Public Aid office will notify the recipient that spenddown has been met, which bills the recipient is responsible for paying and which providers are eligible for payment. The local office will send Form DPA 2432, Split-Billing Transmittal, to the recipient for each provider who is eligible for payment on this "split-bill date." The recipient is responsible for taking these forms to the medical provider.

Whenever services were provided on a date that is later determined to be a "split-bill" date, the Split-Billing Transmittal must be attached to the invoice.

Providers can determine the need for a DPA 2432 when billing by viewing the MediPlan Card. If there is a split-bill date, the MediPlan Card will make reference to the need for the DPA 2432 and the service date affected.

NOTE: The Split-Billing Transmittal is issued only to those providers who are eligible for payment for services rendered on the split-bill date. If services were provided on the split-bill date and a DPA 2432 has not been received, the provider should determine whether or not one has been issued. This can be accomplished by viewing the notice sent to the recipient or by contacting the local office. However, no billing should be submitted to the Department unless the DPA 2432 has been received and attached to the Department invoice. Unless the DPA 2432 has been received, the recipient remains responsible for the charges incurred on the beginning date of eligibility.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

= 106. Advance Directives

Under Illinois law, competent adults have the right to make decisions regarding their health care. The courts of this State have recognized that this right should not be lost when a person becomes unable to make his or her own decisions. Therefore, people have the right to accept or refuse any medical treatment, including life-sustaining treatment. In order to enable them to make these decisions, patients have the right to be adequately informed about their medical condition, treatment alternatives, likely risks and benefits of each alternative and possible consequences.

The law requires that patients be informed of the advance directives available to help assure that their wishes are carried out even if they are no longer capable of making or communicating their decisions. It should be kept in mind that every patient has the right to choose whether or not he or she wants to execute an advance directive.

Certain providers participating in the Medicaid Program must maintain written policies, procedures and materials concerning advance directives and give written information to all adults concerning their rights under State law to make decisions about their medical care. An advance directive is a written instruction such as a living will or durable power of attorney for health care recognized under State law and relating to the provision of such care when the individual is incapacitated.

Providers of hospital, nursing facility, home health care, personal care, hospice programs and HMO services must:

1. Provide written information to all adult individuals concerning their rights under State law to:
  - make decisions concerning their medical care;
  - accept or refuse medical or surgical treatment; and
  - formulate advance directives, e.g., living wills or durable power of attorney for health care;
2. Document in the individual's medical records whether or not the individual has executed an advance directive;
3. Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
4. Ensure compliance with requirements of State law; and
5. Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

100. ILLINOIS MEDICAL ASSISTANCE PROGRAM

106. Advance Directives (continued)

Providers are responsible for furnishing written information to all adult individuals at the time specified below:

1. Hospitals at the time an individual is admitted as an inpatient;
2. Nursing facilities when the individual is admitted as a resident;
3. Providers of home health care or personal care services before the individual comes under the care of the provider;
4. Hospice program at the time of initial receipt of hospice care by the individual from the program; and
5. Health maintenance organizations at the time of enrollment of the individual with the organization.

An individual may be admitted to a facility in a comatose or otherwise incapacitated state and be unable to receive information or articulate whether they have executed an advance directive. In this case, to the extent that a facility issues materials about policies and procedures to the families or to the surrogates or other concerned persons of the incapacitated patient in accordance with State law, it must also include the information concerning advance directives. This does not relieve the facility from its obligation to provide this information to the patient once they are no longer incapacitated.

When the patient or a relative, surrogate or other concerned or related individual presents the facility with a copy of the individual's advance directive, the facility must comply with the advance directive including recognition of the power of attorney, to the extent allowed under State law, unless the provider cannot as a matter of conscience implement such advance directive. If the provider cannot implement the advance directive, he or she must tell the patient or the patient's appropriate representative so that the patient can transfer to another provider. Absent contrary State law, if no one comes forward with a previously executed advance directive and the patient is incapacitated or otherwise unable to receive information or articulate whether they have executed an advance directive, the facility must note that the individual was not able to receive information and was unable to communicate whether an advance directive existed.

110. PROVIDER PARTICIPATION

To receive payment for medical care, services and supplies provided to Public Aid recipients, a provider must enroll and be approved for participation by the Department.

In order to enroll for participation, providers shall:

- (1) Hold a valid, appropriate license where State law requires licensure of medical practitioners, agencies, institutions and other medical vendors.
- (2) Be certified for participation in the Title XVIII Medicare program where Federal or State rules and regulations require such certification for Title XIX participation.
- (3) Be certified for Title XIX when Federal or State rules and regulations so require.
- (4) Provide enrollment information to the Department in the prescribed format, and notify the Department, in writing, immediately whenever there is a change in any such information which the provider has previously submitted.
- (5) Provide disclosure, as requested by the Department, of all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions or other legal entities providing any form of health care services to Public Aid recipients.
- (6) Have a written provider agreement on file with the Department.

111. Provider Requirements

To be approved for participation, a provider must agree to:

- 1) verify eligibility of recipient prior to providing each service by checking-
  - = a) the MediPlan Card, or
  - = b) the Temporary MediPlan Card, which a recipient may present prior to his receipt of a regular MediPlan Card.
- 2) allow recipients the choice of accepting or rejecting medical or surgical care or treatment.

110. PROVIDER PARTICIPATION

111. Provider Requirements (continued)

- 3) inform recipients prior to receiving a noncovered service that payment for such service cannot be made by the Department.
- = 4) provide supplies and services in full compliance with all applicable provisions of State and federal laws and regulations pertaining to nondiscrimination and equal employment opportunity including, but not limited to:
- a) full compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin,
  - b) full compliance with Section 504 of the Rehabilitation Act of 1973 and Part 84 of Title 45 of the Code of Federal Regulations, which prohibit discrimination on the basis of handicap, and
  - c) without discrimination on the basis of religious belief, political affiliation, sex, age or disability.
- 5) comply with the requirements of applicable Federal and State laws and not engage in practices prohibited by such laws.
- 6) hold confidential, and use for authorized program purposes only, all Medical Assistance information regarding recipients.
- 7) furnish to the Department, in the form and manner requested by it, any information it requests regarding payments for providing goods or services or supplies to recipients by the provider, his agent, employer or employee.
- 8) provide services and supplies to recipients in the same quality and mode of delivery as are provided to the general public, and make charges in amounts not to exceed the provider's usual and customary charges.
- 9) accept as payment in full the amounts established by the Department.
- 10) accept assignment of Medicare benefits for Public Aid recipients eligible for Medicare, when payment for services to such persons is sought from the Department.



110. PROVIDER PARTICIPATION

112. Record Requirements

112.1 Maintenance of Records

Providers are to maintain in the regular course of business the following records:

- 1) Any and all business records, which may indicate financial arrangements between the provider and other providers in the program or other entities, or which are necessary to determine compliance with Federal and State requirements; including but not limited to -
  - . business ledgers of all transactions
  - . records of all payments received, including cash
  - . records of all payments made, including cash
  - . corporate papers, including stock record books and minute books
  - . records of all arrangements and payments related in any way to the leasing of real estate or personal property, including any equipment
  - . records of all accounts receivable and payable
  - . original signed billing certification forms for each voucher received (see Topic 141.5 and Topic 143, paragraph 2)
- 2) Any and all professional records which relate to the quality of care given by the provider or which document the care for which payment is claimed, including but not limited to -
  - . medical records for applicants and recipients of public assistance (copies of billing statements alone will not meet this requirement)
  - . other professional records required to be maintained by applicable Federal or State law or regulations

The business and professional records required to be maintained are to be kept in accordance with accepted business and accounting practice and are to be legible.

Professional records documenting the history, diagnosis, treatment services, etc., of a recipient of Medical Assistance are to be made available in a timely manner, when authorized by the patient in writing, to other health care providers who are treating or serving the recipient.

110. PROVIDER PARTICIPATION

112. Record Requirements (continued)

112.2 Retention of Records

Business and professional records must be maintained for a period of not less than 3 years from the date of service or as provided by applicable State law, whichever period is longer, except that if an audit is initiated within the required retention period the records must be retained until the audit is completed and every exception resolved.

112.3 Availability of Records

All records required to be maintained are to be available for inspection, audit and copying (including photocopying) by authorized Department personnel or designees during normal business hours. Department personnel shall make all attempts to examine such records without interfering with the professional activities of the provider.

The provider's business and professional records for at least 12 previous calendar months are to be maintained and available for inspection by authorized Department personnel on the premises of the provider. Department personnel shall make requests in writing to inspect records more than 12 months old at least 2 days in advance of the date they must be produced.

113. Termination of Provider Participation

A participating provider may terminate participation in the Medical Assistance Program at any time, unless the provider has a contractual relationship with the Department which provides otherwise. Written notification of voluntary termination is to be made to the Department of Public Aid, Post Office Box 19114, Springfield, Illinois 62794-9114.

= The Department may administratively terminate a provider from participation upon written notification. Such action precludes further payment by the Department for services provided recipients subsequent to receipt of the Department notice of intent to terminate.

= The Department's notification to a provider of intent to terminate the provider's participation will include a Statement of Grounds, and a statement of the right of the provider to request a hearing.

110. PROVIDER PARTICIPATION

113. Termination of Provider Participation (continued)

The occurrence of a termination, either voluntary or involuntary, does not preclude the recovery of identified overpayments.

120. RELATIONSHIP TO OTHER PROGRAMS

Payment can be made through the Medical Assistance Program only after all other known resources for payment, both private and governmental, have been explored and exhausted.

121. Other Agency Resources

= State agencies other than the Department of Public Aid may have responsibility for coordinating the provision of selected medical services under specific conditions. Such agencies include, but are not limited to, those whose programs are described below.

= - University of Illinois at Chicago, Division of Specialized Care for Children

The Division of Specialized Care for Children provides care and treatment to persons from birth to age 21 who have a treatable chronic condition in one of the following categories:

- Orthopedic conditions (bone, muscle, joint disease)
- Heart defects
- Hearing loss
- Neurological conditions (nerve, brain, spinal cord)
- Certain birth defects
- Disfiguring defects such as cleft lip, cleft palate and severe burn scars
- Speech conditions which need medical/dental treatment
- Certain chronic disorders such as hemophilia and cystic fibrosis
- Certain inborn metabolic problems, including phenylketonuria (PKU), galactosemia and congenital hypothyroidism
- Eye impairments including cataract, glaucoma, strabismus and certain retinal conditions--excluding isolated refractive errors
- Urinary system impairments (kidney, ureter, bladder)

120. RELATIONSHIP TO OTHER PROGRAMS

121. Other Agency Resources (continued)

- Illinois Department of Rehabilitation Services

The Department of Rehabilitation Services has responsibility for providing services to individuals with physically or mentally disabling conditions that constitute a substantial handicap to employment.

Recipients who are in need of medical services or prosthetic devices to improve their employability are to be referred to the local Public Aid office for appropriate referral to the Department of Rehabilitation Services.

- Illinois Department of Veterans Affairs

The Department of Veterans Affairs has responsibility for providing services to veterans in need of medical care. A recipient who is a veteran should be referred to the local Public Aid office for appropriate referral to that Department for the determination of available services.

122. Other Payment Sources

The Illinois Department of Public Aid as a Medicaid State Agency is, by Federal regulation, "payor of last resort," and adjudicates claims for medical expenses only after all other sources have been exhausted. Examples of third party resources include Medicare, private health insurance, liability insurance, Workers' Compensation, Civilian Health and Medical Program for the Uniformed Services (CHAMPUS), Veterans Administration benefits, Black Lung benefits, etc.

= It is the responsibility of the provider to ascertain from each recipient if there is a third party resource that is available to pay for the services rendered. In an effort to aid providers in situations where a third party resource is known to the Department, the existence of a specified recipient health resource will be identified by imprinting of a third party liability (TPL) resource coverage code on the MediPlan Card (see Topic 131.2); however, providers retain the responsibility for determining the status of a patient's eligibility for third party coverage and benefits prior to making charges to the Department.

120      Relationship to Other Programs

122.      Other Payment Sources (continued)

In instances where identifiable third party resources exist, claims must be submitted to and adjudicated by the liable third party(ies) before the Department can determine any additional payment liability.

In the determination of the Department's liability, the total payment to the provider from both the third party resource(s) cannot exceed either that which is determined to be a reasonable charge for the service (e.g. Medicare allowable charge) or the established Department standard for the service provided.

122.1      Medicare

Medicare is the program authorized by Title XVIII of the Social Security Act which provides health insurance for most individuals age 65 or over, and for others regardless of age who meet disability requirements. Medicare benefits include hospitalization and related care (Part A) and supplementary medical services (Part B). The Medical Assistance Program complements and supplements the Medicare program benefits to recipients by assumption of deductible and coinsurance obligations for those who do not have resources to meet these needs and by providing coverage of additional medical services.

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The MediPlan Card issued to Public Aid recipients (see Topic 131.21) indicates recipient eligibility for Medicare to the extent that such eligibility is known to the Department.

122.11      Eligibility Identification

Each person eligible for Medicare (Part A and/or Part B) is issued a red, white and blue Social Security Health Insurance card, showing the beneficiary claim number, Medicare coverage and effective date.

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122.12      Verification of Eligibility

For those recipients/patients who are unable to produce a claim number, the provider is to prepare Form SSA 1600, Request for Claim Number Verification, and submit it to the Social Security District Office. Enter the words "Department of Public Aid" in the box labeled "Name and Address of Interested Party". If the Form SSA 1600 returned by the Social Security Office indicates the person is not eligible for Medicare Part A or Part B benefits, charges are to be submitted to the Department on appropriate billing forms. If the Form SSA 1600 reflects a claim number, indicating eligibility for Medicare benefits, the following procedures apply.

120.     Relationship to Other Programs
122.     Other Payment Sources (continued)
- 122.13   Assignment of Benefits

Providers must accept assignment of Medicare benefits for services to Medicare eligible Public Aid recipients, and so indicate by checking the appropriate box on the Medicare billing form. In recognition of the difficulties encountered by providers in obtaining the signature of patients who are Public Aid recipients, the Social Security Administration permits the Department to obtain recipient signatures assigning payment to providers. Consequently, the Department has on file signed assignment statements for all recipients eligible for Part B benefits. Therefore, this section of the Medicare billing form can be completed indicating that the signature is on file with Public Aid.

122.14   Bill Submittal and Payment

Provider-specific instructions for bill preparation and submittal are included in Handbook Sections II and/or III of each provider handbook.

Charges for deductible and coinsurance amounts due for Medicare covered services are to be submitted to the Department only after adjudication by the Medicare carrier. A claim that has been totally rejected for payment by Medicare may be submitted for payment consideration only when the reason for nonpayment is either that 1) the patient was not eligible for Medicare benefits or 2) the service is not covered as a Medicare benefit. In such instances, the Department is to be billed only after final adjudication of the claim by the Medicare carrier.

In the determination of the Department's liability for deductible and coinsurance amounts, the total payment to the provider from both Medicare and the Department cannot exceed either that which Medicare determines to be a reasonable charge or the established Department standard for the services provided.

=         Services billed to the Illinois Medicare Part B Carrier as first payor will be "crossed over" to the Department on magnetic tape for consideration of coinsurance and/or deductible by the Department. Hard copy claims should not be submitted when the Medicare Remittance Notice shows the message, "This claim has been forwarded to the Illinois Department of Public Aid." Providers who bill other carriers or intermediaries should continue to bill the Department for the patient liability by submitting an invoice containing the same information as adjudicated by Medicare with a matched Remittance Notice attached.

120.     Relationship to Other Programs

122.     Other Payment Sources (continued)

=        122.2    Health Insurance

If the provider identifies health insurance that is not shown on the Department's medical card, or the insurance coverage shown on the card is no longer in force, notification is to be made either by telephone or correspondence addressed to the Illinois Department of Public Aid, Third Party Liability Section, 100 South Grand Avenue East, Springfield, Illinois 62762-0001. The telephone number to call is (217) 785-9741.

122.21   Pregnant Women and Preventive Services for Children

=        Physicians are not required to bill private insurance carriers and await adjudication prior to billing the Department, if a woman has a diagnosis of pregnancy or if Healthy Kids Program services are provided to children. Charges may be billed immediately to the Department. The Department will collect information regarding paid services and assume responsibility for the collection of third party benefits. In making this decision, the provider should be cognizant of the possibility that the third party payor might reimburse the service at a higher rate than the Department, and that, once payment is made by the Department, no additional billing to the other third party payor is permitted.

122.3     Personal Injury Case

It is the responsibility of the provider to notify the Department of any request from attorneys, insurance carriers, or recipients for release of medical assistance information, including medical and financial records in such cases. All requests for this information pertaining to Cook County residents are to be addressed to Illinois Department of Public Aid, Technical Recovery Unit, 17 North State Street, 13th Floor, Chicago, Illinois 60602. For residents of all other counties, the request should be directed to Illinois Department of Public Aid, Field Recovery Unit, 100 South Grand Avenue East, Springfield, Illinois 62762.

In contested liability cases, a "Report of Personal Injury" form (see General Appendix 9B) is to be completed and mailed to the Illinois Department of Public Aid at the appropriate address stated in the preceding paragraph. Questions regarding use and/or preparation of this form are to be directed to the Department by calling either the Chicago number (312)793-3528 or Springfield number (217)782-8766, as appropriate.



130. RECIPIENT ELIGIBILITY

Payment can be made by the Department only for medical care and services provided to individuals who are eligible recipients on the date services are actually provided. Prior authorization for the provision of services does not obligate the Department to accept responsibility for payment unless the services are indeed provided within a period of eligibility.

It is the responsibility of the provider to verify a patient's eligibility for Medical Assistance prior to providing services by requesting the individual to present evidence of his/her eligibility on each occasion services are provided.

Eligibility for Medical Assistance is determined by local Public Aid offices. Evidence of eligibility is demonstrated by any one of the following:

- 1) Form DPA 469, MediPlan Card (see Topic 131); or
- 2) Form DPA 1411CF, Temporary MediPlan Card (see Topic 132); or
- 3) Form DPA 1411, Temporary Medical Eligibility Card (see Topic 132).

An individual who claims to be an eligible recipient, but is unable to present a current and valid card, should be considered ineligible until proven otherwise. See Topic 105 for eligibility status of enrolled spenddown clients. A provider may contact the local Public Aid office (see Section III, General Appendix 1) when an individual's eligibility is in doubt.

= 131. MediPlan Card

Form DPA 469, MediPlan Card, is issued on a monthly basis by the Department to each person or family who is eligible for either a public assistance grant or medical assistance only. In addition, a card may be issued for a Qualified Medicare Beneficiary (QMB), i.e., a person who is not eligible for Medicaid but is eligible for Department payment of Medicare coinsurance and deductible, or for a person who needs the card for identification but is not eligible for medical services.

To assure proper identification of eligibility of a person who presents a MediPlan Card, the provider should:

- a) Ask for some additional piece of identification to insure that the person presenting the card is actually the same person listed on the card.
- b) Determine that the date of service is covered by the period of eligibility printed on the card.

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

c) Ensure that the card presented is a valid card. All valid MediPlan Cards are computer-printed with the State of Illinois Seal shown on the front in light blue. Cards that are questionable and that should be investigated by contact with the local Public Aid office include:

- . cards that have been altered in any manner
- . cards containing any handwritten entries
- . cards without a State Seal or Cards with a State Seal in any color but light blue
- . cards that do not follow the format of the sample cards described in this topic

The MediPlan Card should be considered valid only if the recipient is able to produce the complete card at the time services are rendered.

A reduced facsimile of the MediPlan Card is illustrated below.

=

PRIMARY PORTION  
(Front)

ELIGIBLE PERSONS  
PORTION  
(Back)

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

= 131.1 Primary Portion of the MediPlan Card

The following is a reduced facsimile of the primary portion (front) of the MediPlan Card providing a field by field illustration and explanation of the entries.

Case  
Identification  
Number

Eligibility  
Period

Program  
Coverage  
Messages

Mailing  
Address

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

131.11 Eligibility Period

The dates listed in this section are the inclusive beginning and ending dates of the coverage period.

131.12 Case Identification Number

The case identification number may be used by the medical provider as a reference when contacting the responsible local office. This number is not to be used by the provider on billing documents.

The case identification number identifies the specific Public Aid case in which all recipients listed on the card are included. The number is composed of three distinct elements, each of which has a specific meaning.

CASE IDENTIFICATION NUMBER

<u>Category</u>	04 220	505050	<u>Basic Number</u>
	<u>County or District</u>		

Category

The first two digits indicate the program or category to which the recipient belongs. Persons eligible for Medical Assistance (Medicaid) are those whose case identification number includes one of the following first two digits. Medical Assistance policy and procedure as provided in this handbook apply for services provided recipients so identified unless specifically indicated otherwise.

- |   |    |  |
|---|----|--|
|   | 01 | Aid to the Aged (financial and medical assistance)   |
|   | 91 | Aid to the Aged (medical assistance only or QMB only)  |
|   | 02 | Aid to the Blind (financial and medical assistance)  |
|   | 92 | Aid to the Blind (medical assistance only or QMB only)   |
|   | 03 | Aid to the Disabled (financial and medical assistance)   |
|   | 93 | Aid to the Disabled (medical assistance only or QMB only)  |
| = | P3 | Medical Assistance for the Disabled. In addition, in the City of Chicago, Transitional Assistance for those determined disabled (financial and medical assistance) |

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

- 04 Aid to Families with Dependent Children (financial and medical assistance)
- 94 Aid to Families with Dependent Children (medical assistance only)
- 06 Aid to Families with Dependent Children - Unemployed Parent (financial and medical assistance)
- 96 Aid to Families with Dependent Children - Unemployed Parent (medical assistance only)
- 98 Wards of the Department of Children and Family Services or the Department of Corrections (medical assistance only or both financial and medical assistance)
- 00 Refugee/Repatriate Programs (financial and medical assistance)
- 90 Refugee/Repatriate Programs (medical assistance only)

Persons receiving assistance through any one of the above categories are eligible to receive the full scope of Medicaid covered services as listed in Topic 102.1.

Although not listed above, some cases in categories 94 and 96 may contain a letter of the alphabet in the basic number portion of the case number. These letters do not affect medical coverage. Such cases are eligible to receive the full scope of medical covered services as listed in Topic 102.1.

=

Persons in the City of Chicago are assigned case identification numbers beginning with 07 if they are eligible for one of the following General Assistance programs:

- Transitional Assistance (if they have not been determined disabled by the Department), and
- Family and Children Assistance.

They are eligible to receive the services listed in Topic 102.2, and policy and procedure in this Handbook apply. The only exception is that children 17 years of age or younger in these cases in the City of Chicago are eligible to receive the full scope of Medicaid covered services as listed in Topic 102.1.

Persons who reside outside the City of Chicago and who are eligible for state funded General Assistance also have a case identification number beginning with 07. They are not issued a Public Aid MediPlan Card. An identification card may be issued at the discretion of the General Assistance Offices that administer the program. When a card is presented, or a person indicates to a provider that he is eligible for General Assistance, the provider should contact the local General Assistance Office for verification of eligibility, information regarding covered services and billing procedures.

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

County or District

The second set of digits, except for category 98 identifies the local Public Aid office through which the recipient is receiving assistance. Counties other than Cook County are assigned numerical codes ranging from 10 through 114. Three downstate counties - Kane, Madison and St. Clair - are divided into districts and have more than one number assigned. Cook County is also divided into districts with each district office assigned a number in the 200 series. See General Appendix 1 for the list of county/district offices and assigned numerical codes.

Category 98 cases (wards of the Department of Children and Family Services or the Department of Corrections) have code 211 or 313 as the second set of digits. The Department of Children and Family Services has responsibility for administering these cases. However, the Department of Public Aid assumes responsibility for the processing and payment of medical services rendered to all wards of the Department of Children and Family Services. All DCFS wards are issued a monthly MediPlan Card (Form DPA 469) by the Department of Public Aid.

= A Temporary Medical Card (DPA 469D) may be issued by DCFS until the ward begins receiving the monthly MediPlan Card. This temporary card does not contain the recipient number. A DCFS toll free number (1-800-228-6533) is available which providers can access during normal business hours to obtain the recipient number. The toll free number is also printed on the reverse side of the temporary card.

= In other instances in which providers are required or need to make local office contact regarding a recipient in category 98, the Department of Children and Family Services Regional Medical Liaison that serves the county in which the child is living is to be contacted - unless indicated otherwise in Handbook, Section II with respect to specific categories of service. See General Appendix 3 for the directory of Department of Children and Family Services Regional Offices.

Services which are noncovered by the Medicaid Program may be available to DCFS wards through a prior approval process by the appropriate regional office of the Department of Children and Family Services. Requests for prior approval for these services are to be submitted on the appropriate DPA prior approval request form directly to the regional office through which the DCFS ward is being served. The prior approval system utilized by DCFS will be the same system applicable to the Medicaid Program, i.e., a prior approval number will be issued by DCFS for the particular service.

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

Basic Number

The third and last set of digits, known as the basic number, identifies the exact Public Aid case. Within each county, a unique basic number is assigned to each case. The basic number ranges from 6 to 8 digits and may contain both alphabetical and numerical characters.

131.13 Case Name and Mailing Address

The case name, which appears in conjunction with the mailing address, is the name by which the Department controls caseloads. It is the main identifier associated with the case identification number.

The individual whose name appears as the case name is not eligible for medical services unless the name also is shown in the listing of "eligible persons".

In instances in which a second individual, a bank, an agency or an institution has been designated as guardian, protective payee or representative payee, the applicable name and identifying initials will appear as part of the mailing address.

= 131.14 Program Coverage

If there is a program coverage designation in the upper right shaded (black) area of the MediPlan Card, it will be one of the following:

QMB ONLY  
IDENTIFICATION ONLY

Other program coverages are not shown in the upper right area of the MediPlan Card. They appear on the back of the MediPlan Card immediately below the name of each eligible person. (See Topics 131.2 and 131.21.)

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

= 131.15 Program Coverage Messages

Certain messages regarding the extent of coverage, or restrictions in coverage, appear below the case name and address on the primary portion (front) or below each person's name in the list of eligible persons (back) of the card. The medical provider should take care to be guided by the messages on both sides of the MediPlan Card. (See Topics 131.2 and 131.21.)

If IDENTIFICATION ONLY appears, the individual was issued a card to use as identification to pick up a General Assistance check, but the card is not valid for any medical services.

= 131.2 Eligible Persons Portion of the MediPlan Card

The following is a reduced facsimile of the eligible persons portion (back) of the MediPlan Card providing a field-by-field illustration and explanation of the entries.

Eligible Persons	Recipient Number	Date of Birth
---------------------	---------------------	------------------

Program Coverage Messages	Medicare Coverage	Third Party Liability
---------------------------------	----------------------	--------------------------

As shown by the above illustration, the eligibility period which appears on the primary portion of the card also appears on this portion of the card. The program coverage messages printed on the MediPlan Card apply to the individual listed. There may be different messages for each person. (See Topic 131.21.)



130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

= 131.21 Identification of Eligible Persons

Each horizontal line in bold print designates an individual person. Complete information will appear for every eligible person.

Name

The first column shows the name of the eligible person. The order of the name is first name, middle initial (if applicable), and last name. The name of the person to whom services were rendered should be entered as the patient name when billing the Department.

Identification Number

To the right of each eligible person's name is the unique, nine-digit identification number for that individual. Each number is valid for only one person. IT IS IMPERATIVE THAT THE SPECIFIC NUMBER FOR THE PATIENT TO WHOM THE MEDICAL SERVICE WAS RENDERED BE USED ON DPA AND MEDICARE BILLINGS. Because this identification number is used to verify eligibility, it is essential that the provider take extreme care when entering the number on billings. Use of incorrect numbers is a common cause of billing rejections.

Date of Birth

The individual's complete birthdate appears in the next column. Its form is month (two digits), day (two digits) and year (two digits).

Medicare Coverage

If applicable, the next column to the right identifies Medicare coverage of the individual. If there is no indication of Medicare coverage on the card, it only indicates that the Department of Public Aid is not aware of Medicare eligibility. This does not eliminate the provider's responsibility to inquire about such coverage.

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

The codes which may appear in this column are illustrated below with the type of coverage:

<u>CODE</u>	<u>TYPE OF COVERAGE</u>
PART A	HOSPITAL INSURANCE
PART B	MEDICAL INSURANCE
PART AB	BOTH OF THE ABOVE

Third Party Liability (TPL)

The final column in bold print will identify, by code, any known third party resources. Information entered here will refer to the Department's record of such resources. The TPL resource code, if present, will consist of a three-digit numeric code that may be prefixed with an alphabetic coverage code. The three-digit resource code identifies a specific health insurance company or union fund. The alpha coverage code, if present, indicates the extent of coverage provided by the resource. For example, a recipient who is insured under a health plan by Aetna Life Insurance Company will have "001" printed in the TPL column of the MediPlan Card. Upon the Department's definition of coverage by the plan, the addition of the prefix "A" (A001) will indicate the client has a "comprehensive" health plan underwritten by Aetna.

For explanation of the TPL codes which may appear on the MediPlan Card, refer to Section III, General Appendix 9, Third Party Liability Resource Code Directory.

Program Coverage Messages

Program coverage messages are shown immediately below the name of each eligible person. One or more of the following program coverage messages will appear as appropriate to the individual:

GENERAL ASSISTANCE  
GA NO HOSPITAL  
QMB ONLY  
QMB/MEDICAID  
MEDICAID  
PRENATAL NO INPATIENT  
MANAGED CARE

If GENERAL ASSISTANCE appears, specific program limitations are applicable and are specified on the card.

If GA NO HOSPITAL appears, it is a category 07 case and hospital services are not covered.

If QMB ONLY appears, the individual listed is eligible for coverage as a Qualified Medicare Beneficiary but is not eligible for Medicaid and, therefore, the Department covers only the deductible and coinsurance amounts on Medicare covered services. (This notation will also appear in the upper right shaded area of the card.)

130. RECIPIENT ELIGIBILITY

131. MediPlan Card (continued)

If QMB/MEDICAID appears, the individual is eligible to receive the same scope of covered services as would be applicable to a MEDICAID client as described below. However, this designation indicates that the eligible person is also eligible for coverage as a Qualified Medicare Beneficiary; therefore, Medicare is to be billed for covered services prior to billing Medicaid.

If MEDICAID appears, the individual is eligible to receive the full scope of covered services listed in Topic 102.1. If any restrictions to this are applicable, they will be specified in the message area of the card.

If PRENATAL NO INPATIENT appears, the individual is participating in the Medicaid Presumptive Eligibility Program and is covered for ambulatory prenatal care only. No inpatient or long term care services are authorized.

If MANAGED CARE appears, the individual is assigned to a specific medical provider and/or case manager. In such a case, the name and telephone number of the primary provider and/or case manager will be shown. When there is such a designation, no other medical provider is to provide services without first contacting the primary provider, as well as the case manager if one is indicated.

132. Temporary MediPlan Card and Temporary Medical Eligibility Card

Form DPA 1411CF, Temporary MediPlan Card, or Form DPA 1411, Temporary Medical Eligibility Card, is issued by the local Public Aid office to recipients who are in need of immediate medical services prior to the receipt of their MediPlan Card. Form DPA 1411CF is a computer generated temporary card but is the same as Form DPA 1411 in its usage as it pertains to a medical provider.

It is the provider's responsibility to ensure that the person using the Temporary Card is listed on the card as an eligible recipient. One method of ensuring this is to require additional proof of identity.

If a service is provided to a recipient who presents Form DPA 1411CF, the provider should photocopy the form to use, if needed, to rebill a rejected claim. If a service is provided to a recipient who presents Form DPA 1411, the provider should detach one copy to use, if needed, to rebill a rejected claim. See Handbook Section III, Specific Appendix, regarding billing instructions when a Temporary Card is used to verify eligibility.

130.        RECIPIENT ELIGIBILITY

The following are reduced facsimiles of Form DPA 1411CF, Temporary MediPlan Card, and Form DPA 1411, Temporary Medical Eligibility Card. Please note that, for the cards to be valid, they must contain a local Public Aid office embossed seal.

130. RECIPIENT ELIGIBILITY

132.1 Services Authorized by the Temporary Card

The Temporary Card is valid for the full scope of medical covered services as listed in Topics 102.1 and 102.2. If specific information is applicable for an individual case or person, it will be reflected on the card.

132.2 Validity Period of Temporary Card

The Temporary Card can be valid for up to thirty days. However, each card should be carefully viewed to be sure that services provided are within the eligibility period shown on the individual card. If the date on which the service is rendered does not fall within this time period, the Temporary Card is not considered as acceptable proof of eligibility.

130. RECIPIENT ELIGIBILITY

133. Health Maintenance Organization (HMO)

Some recipients have prepaid health services, contracted for by the Department, through voluntary enrollment in a Health Maintenance Organization (HMO).

An HMO is responsible for providing or arranging and making reimbursement for all covered Medical Assistance Program services, with the exception of dental services and, in some cases, optometric services.

= Recipients enrolled in HMOs will receive restricted medical cards with the designation MANAGED CARE. The name of the HMO will be shown.

= The following message will appear on the card:

Managed Care enrollee(s). Services may require payment authorization.

= Before providing services to any recipient with an HMO indicator on the card, the provider should assure himself of the arrangements for reimbursement. In no instances will the Department reimburse a provider when the service provided is one which the HMO has contracted to provide.

Included as covered services are the following services, and benefits which will be provided to recipients by their HMO whenever medically necessary.

- . Inpatient hospital services (including dental hospitalization)
- . Inpatient psychiatric care
- . Outpatient hospital services
- . Other laboratory and x-ray services
- . Skilled nursing facility services (up to a maximum of 90 days annually)
- . Intermediate care facility services (up to a maximum of 90 days annually)
- . Physicians' services, including psychiatric care
- . Home Health care services
- . Private duty nursing services

130. RECIPIENT ELIGIBILITY

133. Health Maintenance Organization (HMO) (continued)

- . Clinic services
- . Pharmacy services (including dental drugs)
- . Appliances
- . Physical therapy and related services
- . Preventive services
- . Transportation to secure medical services
- . Family planning services
- . Healthy Kids Services
- . Whole blood
- . Podiatric services
- . Durable and nondurable medical equipment and supplies
- . Chiropractic services
- . Psychological testing
- . Optometric services (in some HMOs)
- . Emergency medical services

Dental and, in some cases, optical services may be provided by participating providers with reimbursement by the Department.

The provider must contact the HMO, whenever possible, before emergency services are performed to avoid any reimbursement difficulties.

134. Recipient Restriction Program (RRP)

In order to reduce recipient overutilization of medical services, the Department shall identify recipients who unnecessarily utilize medical services. When the Department determines, on the basis of statistical norms and medical judgement, that a Medicaid recipient has received medical or pharmacy services in excess of need or in such a manner as to constitute an abuse of the program, the decision to restrict a recipient to a Primary Care Physician and/or Pharmacy will be made.

When a recipient is identified to be restricted he/she will be notified in writing and given the opportunity to select a Primary Care Physician and/or Pharmacy; or to select a Health Maintenance Organization (HMO). The recipient will be informed that the selection of a Health Maintenance Organization will apply to the entire family unit. In the event that a recipient does not designate a Primary Care Physician and/or Pharmacy or HMO, a physician and/or pharmacy will be designated by the Department for the recipient.

When such designation is made, all physician, drug, clinic, laboratory and podiatric services provided to the recipient on a nonemergent basis, must be provided or authorized by the primary care physician or pharmacy, as appropriate.

130. RECIPIENT ELIGIBILITY

134. Recipient Restriction Program (continued)

Other services, such as dental care, eye care services, chiropractic services, transportation, emergency outpatient and inpatient hospital care, are not affected by this program.

If a recipient has been restricted, the MediPlan Card will contain notice of this restriction and show the name of the primary care physician and/or pharmacy. In the event that a Temporary Card is issued, the card will contain a message of pending restriction.

The restriction is printed in the message area of the MediPlan Card or the Temporary MediPlan Card, or it is typed on the Temporary Medical Eligibility Card. The following types of messages will appear:

- 1) The primary physician named below must provide or authorize the following services on a non-emergent basis; physician, pharmaceutical, clinical, outpatient hospital, laboratory and podiatric, if applicable.
- 2) The primary pharmacy named below must supply or authorize all drugs.

A combination of both messages will appear if the individual is restricted to both a primary physician and a primary pharmacy.

The restricted services are not to be provided on a nonemergency basis without prior written authorization of the designated primary care physician and/or pharmacy. This authorization will be in the form of a completed Form DPA 1662 originated by the primary care physician. Billings must be submitted with Form DPA 1662 attached. The Form DPA 1662 and the appropriate billing form are to be submitted to:

Illinois Department of Public Aid  
Post Office Box 19118  
Springfield, Illinois 62794-9118

Billings for restricted types of care provided in nonemergency situations without Form DPA 1662 attached will be rejected.

134.1 Objective

The Department identifies recipients who unnecessarily utilize medical services and administers a medical restriction program (the Recipient Restriction Program) to monitor and control overutilization. Recipients who are identified as overutilizing medical services are required to select a Primary Care Physician (PCP) and/or a Primary Care Pharmacy (PCPH) or a Health Maintenance Organization (HMO). The PCP and/or PCPH is responsible for treatment and supervision of the recipient's medical services thereby minimizing overutilization and assuring a high quality of care. Clients restricted to a PCP and/or PCPH are identified by a message and the name of the PCP and/or PCPH on the MediPlan Card or Temporary Card.



130. RECIPIENT ELIGIBILITY

134. Recipient Restriction Program (continued)

The PCP or HMO is responsible for providing or authorizing all nonemergency physician, pharmacy, laboratory, podiatric, outpatient hospital, and clinic services. These services are not to be rendered on a nonemergent basis unless prior authorization by the PCP (via Form DPA 1662) has been received. Failure to obtain prior authorization will result in nonpayment. The Primary Care Pharmacy is responsible for providing and/or authorizing all nonemergency prescriptions and medical supplies for the restricted recipient.

134.2 Medical Services Not Restricted by RRP

The following medical services are not affected by the Recipient Restriction Program and do not require Form DPA 1662, Primary Care Physician Referral Authorization:

=	Dental Care (Provided through Delta Dental Plan of Illinois)	
	Chiropractic Services	- Invoice Type - DPA 1443
	Transportation	- Invoice Type - DPA 2209
	ESRD - Renal Dialysis	- Invoice Type - UB82
	Inpatient Hospital	- Invoice Type - UB82
	Medical Equipment	- Invoice Type - DPA 2210
	Home Health Care	- Invoice Type - DPA 2212
	Optical/Optician	- Invoice Type - DPA 1443
	Long Term Care Services	- Invoice Type - DPA 2298
	Hospice	- Invoice Type - UB 82

134.3 Medical Services Restricted by RRP

The following medical services may only be provided to restricted recipients when authorized by the Primary Care Physician or Pharmacy via Form DPA 1662, Primary Care Provider Referral Authorization or when the PCP is the billing provider:

	Physicians	- Invoice Type - DPA 2360
	Outpatient Hospital	- Invoice Type - DPA 2360
=	Laboratories and Fee for Service	DPA 215 (for drugs) and DPA 2211
	Encounter Rate Clinics	- Invoice Type - DPA 1443
	Laboratories	- Invoice Type - DPA 2211
	(NOTE: a 1662 is not required if the referring physician is the PCP)	
	Pharmacy	- Invoice Type - DPA 215
	(NOTE: a 1662 is not required if the prescribing practitioner number is that of the PCP)	
	Podiatric Services	- Invoice Type - DPA 1443
	Outpatient Hospital Clinic	- Invoice Type - DPA 2360

These services ARE NOT to be provided on a nonemergency basis unless PRIOR written authorization (Form DPA 1662) has been received from the Primary Care Physician and/or Primary Care Pharmacy designated on the recipient's MediPlan Card or Temporary Card.

130. RECIPIENT ELIGIBILITY

134. Recipient Restriction Program (continued)

134.4 Invoice Procedures for Restricted Services

A completed Form DPA 1662 MUST be attached to the invoice(s) for restricted services. Form DPA 1662 may authorize one service date only. Therefore, the dates of service on an invoice(s) must be for the date specified on Form DPA 1662. Multiple services billed on the same type of invoice may be attached to a single (1) Form DPA 1662 provided that all dates of service are the same.

A supply of Form DPA 1662 may be obtained by contacting the Department at 1-800-325-8823.

134.5 Rejected Invoices

Rejection Code R30, "Care not authorized by the Primary Care Physician", or Rejection Code R29, "Primary Care Pharmacy", is generated when invoices are submitted for restricted services without an attached Form DPA 1662 completed by the Primary Care Physician and or Primary Care Pharmacy. These invoices should be resubmitted to the aforementioned address only if one of the following are attached:

- A completed Form DPA 1662 from the PCP, authorizing the service(s) and date(s) of service.
- A copy of the recipient's MediPlan Card or Temporary Card if the RRP restriction message and the PCP designation were not printed on the card on the date(s) the service was rendered.

If neither of these are available, the invoice should not be resubmitted as payment cannot be authorized.

130. RECIPIENT ELIGIBILITY

Page reserved for future use.

130.        RECIPIENT ELIGIBILITY

Page reserved for future use.

140. ADMINISTRATIVE PROVISIONS

141. Submittal of Charges

141.1 Billing Forms

Due to mechanical equipment used in the bill processing system, it is mandatory that charges to the Department for services provided under the Medical Assistance Program be submitted only on original billing forms designated and provided by the Department except UB 82 forms. Photocopies or other facsimile copies cannot be accepted for payment purposes. For those services appropriately billed on the UB 82, the Department will accept a legible second or third carbon of the original form provided it contains an original signature. The Department will not accept photocopies of the UB 82.

= A provider must request forms via the Provider Forms Request, DPA 1517 or DPA 1517A, and mail it to the preprinted address on the top of the request form. Please reference Section II, Chapter 200, of your handbook for the appropriate claim form and mailing envelope number. Procedures for requesting an on-going supply of the forms are located in the Forward of Chapter 100 (Page F-2).

= Providers utilizing the UB 82 billing form and long term care facilities are not to request DPA claim forms from the warehouse.

= A billing service must supply (in addition to the name of the company and the mailing address) at least one IDPA provider name and IDPA provider number. This will alleviate a billing service billing for a provider who has not enrolled in the program.

141.2 Time Limits for Bill Submittal

To be eligible for payment consideration, a provider claim or bill must be received by the Department, or its fiscal intermediary, no later than 12 months from the date on which medical goods or services are provided. This time limit is applicable to both initial and previously rejected claims.

Claims which are not submitted and received in compliance with the foregoing requirement will not be eligible for payment under the Department's Medical Assistance Program, and the State shall have no liability for payment thereof.

140. ADMINISTRATIVE PROVISIONS

Previous material was made obsolete July 1, 1989.

140. ADMINISTRATIVE PROVISIONS

141. Submittal of Charges (continued)

141.3 Preparation of Billing Statements

(Not applicable for long term care facilities - see Section II.)

It is in the provider's interest to enter complete, correct, and legible data on billing statements. While handwritten statements are acceptable, they do require manual processing and their use is discouraged. To facilitate processing and to minimize chances for rejection or error in payment, it is recommended that all statements be typewritten or computer printed.

See Handbook Section III, General Appendix 6, for guidelines applicable to all providers to be used in the preparation of billing statements for optical scanner processing. Statements that are prepared in accordance with these guidelines can be processed more timely and more accurately.

See the provider specific appendix in Handbook Section III regarding information to be entered on, and detailed instructions for completion of, appropriate paper billing statements.

All billing statements contain a certification statement that must remain unaltered and must be legibly signed and dated in black ink by the provider or by his authorized representative. A rubber stamp or facsimile signature is not acceptable.

An authorized representative may be only a trusted employee over whom the provider has direct supervision on a daily basis and who is personally responsible on a daily basis to the provider. Such a representative must be designated specifically and must sign the provider's name and his own initials on each certification statement. (See Section II for specific instructions for hospitals and for long term care facilities.)

Any billing statement that is not properly signed or that has the certification statement altered will be returned to the provider without payment.

140. ADMINISTRATIVE PROVISIONS

141. Submittal of Charges (continued)

141.4 Mailing of Billing Statements

(Not applicable for long term care facilities - see Section II.)

All billing statements with the exception of UB 82 are to be mailed in the preaddressed envelopes supplied by the Department as specified in Sections II and III of the Handbook. Any deviation from this requirement will delay payment. All other correspondence is to be mailed separate from billing statements, unless specified as a required attachment to a billing statement, and addressed as specified in Section II or Section III.

In order to expedite processing of claims, the following procedures should be utilized:

- . review all forms for accuracy and completeness
- . do not fold or mutilate billing statements
- . do not staple, paper clip, or otherwise attach claims together
- . mail as many claims as possible in one envelope
- . place claims in envelope with all facing in one direction.

= 141.5 Paperless Claims Processing

The Department currently has the ability to accept magnetic tape or cartridge billing for pharmacy and hospital providers. In addition, an Electronic Claims Processing (ECP) system is being introduced. As it becomes available to specific provider types, those providers currently active with the Department will be required to reenroll in order to use the ECP. In addition, providers must identify to the Department the name of the software vendor that they use to submit electronic claims. This is necessary in order for the Department to certify that the particular software is compatible with the Department's claims processing system and can be transmitted by the Department's electronic switching company.

The provider will be required to conform to the data requirements as defined by the Department when submitting claims either electronically or on tape.

Certain services which require additional or special documentation for processing by the Department may not be submitted either electronically or on tape. These services should be submitted according to the instructions for claims submittal as found in the appropriate specific appendix of the handbook applicable to the individual provider.

Please note that, during the period that a provider is under audit by the Department, all services must be submitted on paper. The provider's ability to submit services either electronically or on tape will be deleted during this period.



140. ADMINISTRATIVE PROVISIONS

142. Payment Process

No attempt will be made by the Department to process unacceptable claim forms, such as unsigned claims, photocopies, forms other than those supplied or specifically approved by the Department, and illegible forms. Unacceptable forms will be returned to the provider for correct preparation and resubmittal.

All acceptable forms will be processed with the assignment of a Document Control Number upon receipt and will be recorded in a microfilm file.

= Each service billed on a claim form is considered separately. One of three actions may be taken on a service billed on tape or paper: the service may be paid, rejected or suspended for further review and final action.

= (Long term care facilities see Handbook Section II, Chapter C-200.)

142.1 Payment

When payment is made, it will be made in accordance with Department standards for the service(s) provided. Payment will be made by a State warrant (check) issued through the office of the State Comptroller. Warrants will be mailed to the provider's office or business location where services are provided; except that an individual practitioner may request mailing to his personal residence instead of his office by notification to the Department in the form of a letter addressed to Post Office Box 19114, Springfield, Illinois 62794-9114.

Information specifying conditions under which a group practice or an institution may be designated as payee is included in materials issued to providers upon enrollment for participation.

Inasmuch as Federal regulations prohibit payment by the Department to or through a factor, any arrangements where assignments have been made or power of attorney has been granted will have no effect on the Department's action with regard to delivery of warrants.

142.2 Rejection

= A service which cannot be paid due to errors that cannot be corrected by the Department will be rejected. The service will be identified on Form DPA 194-M-1, Remittance Advice, with the specific error(s) that rendered it unpayable. Prior to receipt of the Remittance Advice, the provider will receive an interim Reject Report to compensate for any delays in issuance of the Remittance Advice. A rejected service may be rebilled only if all errors can be and are corrected. Refer to Section III for an explanation of the rejection reasons(s) and the possible corrective action to be taken.

140. ADMINISTRATIVE PROVISIONS

142. Payment Process (continued)

142.3 Suspension

A service that cannot be adjudicated when first processed due to special handling requirements or the need for error correction by the Department will be temporarily suspended. If any service section on a claim form must be reviewed, the entire claim will be held in suspense pending adjudication of the suspended service section. Such a claim will be reported on the Remittance Advice as suspended. Any service listed as suspended is not to be rebilled. Suspended services will appear on subsequent Remittance Advice forms when they have been adjudicated (either paid or rejected).

143. Remittance Advice

Each warrant (check) issued to a provider will be accompanied by Form DPA 194-M-1, Remittance Advice. The Remittance Advice reports the status of billing statements and adjustments processed. See Section III for an explanation of the information that will appear on the Remittance Advice.

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As a result of the development of a "paperless" processing system, the availability of a certification statement for each service submitted has been eliminated. To replace the certification statement, the Department has created a Billing Certification form which will appear as the last page of every voucher. It is the responsibility of the provider to sign and date this form after reviewing the particular voucher to which it pertains.

144. Unreported Claims

With the exception of those billing statements that are received by the Department and immediately returned to the provider as being unacceptable for processing, all claims received are assigned a Document Control Number, microfilmed and computer processed. The action taken on each claim so processed is reported to the provider on Form DPA 194-M-1, Remittance Advice.

If more than 60 days have elapsed since mailing of a claim and the action taken on that claim by the Department has never been reported on a Remittance Advice, the assumption is to be made that the claim was not received by the Department. The provider should prepare a new original invoice for submittal to the Department. Such invoice must be submitted within  
= 12 months of the date of service so that claim filing time limits can be met. (See Topic 141.2.)

140. ADMINISTRATIVE PROVISIONS

145. Payment Adjustments

The need for an adjustment to be made in the amount of payment authorized by the Department may be recognized and action initiated by either the Department or the provider. Payment adjustments may result in either deductions from (credits) or additions to (debits) the net amount of future warrants for the provider.

The payment adjustment process is transacted only by use of an adjustment form. It cannot be transacted by resubmittal of an invoice. The provider may only submit an adjustment form for a service for which payment has been made by the Department, and that has been reported on the Remittance Advice as "Paid" or "Reduced". The adjustment process cannot be used to correct a rejected service or to correct a suspended invoice.

The adjustment form is a three-part carbon-interleaved form. When initiated by the provider, the provider retains the third copy of the form and submits the original and second copy to the Department. (Refer to Section III, Appendices, for a copy of the adjustment form, instructions for completion and an explanation of the various adjustments and applicable three-position codes.) All adjustment forms are to be mailed in the preaddressed adjustment envelope supplied by the Department. Adjustment forms must be received by the Department within 12 months of the date the payment was made (voucher date) on the original claim.

In any situation, whether the provider or the Department initiates an adjustment form, the provider will receive a copy of the form showing the action which is being taken by the Department. At the time the adjustment action is finalized, resulting in either a deduction from or an addition to the provider's warrant amount, the action will be reported on the Remittance Advice (Form DPA 194-M-1), under the heading "Adjustments". The basis for the adjustment, for each adjustment reported, will be shown on the Remittance Advice by use of the appropriate three-position code.

= 146. Inquiry Process

Situations will arise when a provider finds it necessary to contact the Department. Inquiries are to be addressed to the Illinois Department of Public Aid and mailed to the appropriate Post Office Box address (see below):

140. ADMINISTRATIVE PROVISIONS

146. Inquiry Process (continued)

	<u>Provider</u>	<u>P.O. Box</u>	<u>Zip Code</u>
	Physicians/Laboratories	19115, Springfield, IL	62794-9115
	Other licensed practitioners	19116, Springfield, IL	62794-9116
	Pharmacies/outpatient Renal	19117, Springfield, IL	62794-9117
	Dialysis/Encounter Rate Clinics		
*	Hospitals/(Inpatient, Out-patient)/Hospital based clinics		
	Long Term Care Facilities	19102, Springfield, IL	62794-9102
	Provider Participation Unit	19114, Springfield, IL	62794-9114
*	Inquiries regarding fee for service should be sent to the appropriate fee for service Post Office Box.		

Inquiries are to be mailed separately from billing statements. They are not to be mailed in the preaddressed envelopes provided by the Department for mailing billing statements and other specific forms. Addressing inquiries to the special attention of individual staff personnel delays handling of the inquiries.

= 147. Formal Action to Obtain Payment

A provider may file an action in the Court of Claims against the Department for payment for goods or services furnished to or on behalf of a recipient, provided such action is initiated within one year after the cause of action accrues. These actions are described in Section 11-13 of the Public Aid Code (Chapter 23, Illinois Revised Statutes, as amended).

140. ADMINISTRATIVE PROVISIONS

148. Audits

All services for which charges are made to the Department are subject to audit. The initiation of audit proceedings should not be construed as an indication of any wrongdoing on the part of the provider. Rather, an audit should be looked upon as an on-going and necessary part of procedure for the monitoring of health care facilities and services that is required by Federal regulations and State law. Providers are selected for routine audit by a random sampling of billings processed and by other criteria determined by the Department.

During a review audit, the provider shall furnish to the Department or to its authorized representative, pertinent information regarding claims for payment. Should an audit reveal incorrect payments were made, or that the provider's records do not support the payments that were made, the provider shall make restitution.

The Department's procedure for auditing providers may involve the use of sampling and extrapolation. Under such a procedure, the Department selects a statistically valid sample of the cases for which the provider received payment for the audit period in question and audits the provider's records for those cases. All incorrect payments determined by an audit of the cases in the sample are then totalled and extrapolated to the entire universe of cases for which the provider has been paid during the audit period. The provider shall be required to pay the Department the entire extrapolated amount of incorrect payments calculated under this procedure pursuant to 89 Illinois Administrative Code, Part 104, Subpart C. (For complete rules regarding Department actions against medical vendors, see 89 Ill. Adm. Code, Part 104, Subpart C, and Part 140, Subpart A.)

149. Recoupment

The Department will recover when it is verified that overpayments have been made to a provider resulting from improper billing practices. The determination of impropriety will be based on Department Rules and Regulations and policy and procedures stated in this Handbook, and/or as evidenced by statistical data on program utilization compiled from claims paid.

The provider will be notified in writing of the nature of any discrepancies, the method of computing the reasonable dollar amount which is to be refunded, and any further actions which the Department may take in the matter.

If the Department's findings were based on sampling and extrapolation, the provider may present evidence to show that the sample used by the Department was invalid and, therefore, cannot be used to project the overpayments identified in the sample to total billings for the audit period.

140. ADMINISTRATIVE PROVISIONS

149. Recoupment (continued)

The provider may also conduct an audit of 100% of the medical records of payments received during the audit period and present the results of such an audit at the hearing. Any such audit should demonstrate that the provider's records for the unaudited services provided during the audit period were in compliance with the regulations, provider handbooks and other written requirements of the Department. The provider should be prepared to submit supporting documentation to demonstrate the compliance.

If the provider is not in agreement with Department actions with respect to recovery of funds paid in connection with the discrepancies noted, he may, within 10 days of receipt of the written notification, submit a request for a hearing.

The provider is to mail the written response and supporting documents to:

Review Coordinator  
Illinois Department of Public Aid  
Post Office Box 19135  
Springfield, Illinois 62794-9135

The Department will notify the provider in writing of the date, time, and place of the review hearing. See 89 Illinois Administrative Code, Part 104, Subpart C, for complete details of the hearing process.

150. FRAUD IN THE MEDICAL ASSISTANCE PROGRAM

Providers are subject to Section 12-15.1 of Chapter 23 of the Illinois Revised Statutes pertaining to penalties for vendor fraud and kickbacks.

= Title XIX of the Social Security Act, under which the Medical Assistance Program is administered, provides Federal penalties for fraudulent acts and false reporting.

151. False Reporting and Other Fraudulent Activities

Section 1128B of the Social Security Act prohibits kickbacks, false reporting and other fraudulent activities and provides for fines and imprisonment for persons who engage in such activities. Specifically, that statute provides:

"(a) Whoever-

(1) Knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a program under title XVIII or a State health care program (as defined in Section 1128(h),

(2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment,

(3) having knowledge of the occurrence of any event affecting (A) his initial or continued right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized,

(4) having made application to receive any such benefit or payment for the use and benefit of another and having received it, knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person, or

(5) presents or causes to be presented a claim for a physician's service for which payment may be made under a program under title XVIII or a State health care program and knows that the individual who furnished the service was not licensed as a physician,

150. FRAUD IN THE MEDICAL ASSISTANCE PROGRAM

151. False Reporting and Other Fraudulent Activities (continued)

shall (i) in the case of such a statement, representation, concealment, failure, or conversion by any person in connection with the furnishing (by that person) of items or services for which payment is or may be made under the program, be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five years or both, or (ii) in the case of such a statement, representation, concealment, failure, or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one year, or both. In addition, in any case where an individual who is otherwise eligible for assistance under a State plan approved under title XIX is convicted of an offense under the preceding provisions of this subsection, the State may at its option (notwithstanding any other provision of that title or of such plan) limit, restrict, or suspend the eligibility of that individual for such period (not exceeding one year) as it deems appropriate; but the imposition of a limitation, restriction, or suspension with respect to the eligibility of any individual under this sentence shall not affect the eligibility of any other person for assistance under the plan, regardless of the relationship between that individual and such other person.

"(b)(1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind-

(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under title XVIII, or a State health care program, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under title XVIII or a State health care program,

shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(2) Whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person-

(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under title XVIII or a State health care program, or



150. FRAUD IN THE MEDICAL ASSISTANCE PROGRAM

151. False Reporting and Other Fraudulent Activities (continued)

(B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under title XVIII or a State health care program,

shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(3) Paragraphs (1) and (2) shall not apply to-

(A) a discount or other reduction in price obtained by a provider of services or other entity under this title if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity under title XVIII or a State health care program;

(B) any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services;

(C) any amount paid by a vendor of goods or services to a person authorized to act as a purchasing agent for a group of individuals or entities who are furnishing services reimbursed under title XVIII or a State health care program if-

(i) the person has a written contract, with each such individual or entity, which specifies the amount to be paid the person, which amount may be a fixed amount or a fixed percentage of the value of the purchases made by each such individual or entity under the contract, and

(ii) in the case of an entity that is a provider of services (as defined in section 1861(u)), the person discloses (in such form and manner as the Secretary requires) to the entity and, upon request, to the Secretary the amount received from each such vendor with respect to purchases made by or on behalf of the entity; and

(D) any payment practice specified by the Secretary in regulations promulgated pursuant to section 14(a) of the Medicare and Medicaid Patient and Program Protection Act of 1987.

150. FRAUD IN THE MEDICAL ASSISTANCE PROGRAM

151. False Reporting and Other Fraudulent Activities (continued)

(c) Whoever knowingly and willfully makes or causes to be made, or induces or seeks to induce the making of, any false statement or representation of a material fact with respect to conditions or operation of any institution, facility, or entity in order that such institution, facility, or entity may qualify (either upon initial certification or upon recertification) as a hospital, skilled nursing facility, intermediate care facility ["intermediate care facility" is changed to "nursing facility, intermediate care facility for the mentally retarded", effective October 1, 1990], home health agency, or other entity (including an eligible organization under section 1876(b)) for which certification is required under title XVIII or a State health care program shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(d) Whoever knowingly and willfully-

(1) charges, for any service provided to a patient under a State plan approved under title XIX, money or other consideration at a rate in excess of the rates established by the State, or

(2) charges, solicits, accepts, or receives, in addition to any amount otherwise required to be paid under a State plan approved under title XIX, any gift, money, donation, or other consideration (other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient)-

(A) as a precondition of admitting a patient to a hospital, skilled nursing facility, or intermediate care facility ["skilled nursing facility, or intermediate care facility" is changed to "nursing facility, or intermediate care facility for the mentally retarded", effective October 1, 1990], or

(B) as a requirement for the patient's continued stay in such a facility, when the cost of the services provided therein to the patient is paid for (in whole or in part) under the State plan, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both."

(e) Whoever accepts assignments described in section 1842(b)(3)(B)(ii) or agrees to be a participating physician or supplier under section 1842(h)(1) and knowingly, willfully, and repeatedly violates the term of such assignments or agreement, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not more than \$2,000 or imprisoned for not more than six months, or both.

SECTION

III

General Appendix

DIRECTORIES

- = 1 - Local Public Aid Offices
- = 2 - Public Aid Zone Offices
- 3 - Illinois Department of Children and Family Services  
Regional Offices
- 4 - Reserved
- 5 - Reserved

MISCELLANEOUS

- = 6 - Technical Guidelines for Preparation of MMIS Invoice Documents  
for Optical Scanner Processing
- = 7 - Reserved
- 8 - Approval Authorities for Prior Approval Requests
- 9 - Third Party Liability Resources Code Directory
- 9A - Facsimile of Health Insurance Resource Report
- 9B - Facsimile of Report of Personal Injury
- = 10 - Directory of Participating Health Maintenance Organizations
- = 11 - Medicare Action Codes Billable on Medicaid Invoices

October 1992

State of Illinois  
Department Of Public Aid

LOCAL OFFICES DIRECTORY

Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
10. ADAMS Springfield Zone	Mr. Philip J. Holt 300 Maine Street, 2nd Fl. P.O. Box 451 Quincy, Illinois 62306-0451	217	223-0550
11. ALEXANDER E. St. Louis Zone	Mr. Leslie Honey 220 Sixth Street Cairo, Illinois 62914-2108	618	734-0762 734-0763
12. BOND E. St. Louis Zone	Ms. Betty Shenkel 100 North Locust Street Greenville, Illinois 62246-1535	618	664-0668
13. BOONE Springfield Zone	Ms. Karen Hoffman 2090 Pearl Street P.O. Box 800 Belvidere, Illinois 61008-0800	815	544-3484
14. BROWN Springfield Zone	Mrs. Marilyn J. Whitney 114 South Capitol Avenue P.O. Box 87 Mt. Sterling, Illinois 62353-0087	217	773-3307 773-3308
15. BUREAU Springfield Zone	Mrs. Rita Maloney Backbone Road East R.R. 2, Box 300 Princeton, Illinois 61356-9543	815	875-1134 872-4331
16. CALHOUN Springfield Zone	Ms. Pamela Forrester 807 West Main Street P.O. Box 220 Hardin, Illinois 62047-0220	618	576-2258
17. CARROLL Springfield Zone	Ms. Donna Bausman Rte. 64 West & Mill Road P.O. Box 153 Mt. Carroll, Illinois 61053-0153	815	244-3301 244-1105
18. CASS Springfield Zone	Ms. Brenda Wessel 300 East Second Street Beardstown, Illinois 62618-1225	217	323-4185 323-4212
19. CHAMPAIGN E. St. Louis Zone	Ms. Nina Bendsen 801 N. Walnut St. Champaign, Illinois 61820-3055	217	333-5605

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Local Office Number, Name and Zone Designation		Local Office Administrator and Address	Area Code	Phone Number
20.	CHRISTIAN Springfield Zone	Vacant 918 E. Park St. P.O. Box 468 Taylorville, Illinois 62568-0468	217	824-3389
21.	CLARK E. St. Louis Zone	Mr. Leslie Ray Piersall 315 S. 14th Street P.O. Box 38 Marshall, Illinois 62441-0038	217	826-2541 826-5141
22.	CLAY E. St. Louis Zone	Mr. Gary L. Colclasure Hwy 45 & Chestnut St. P.O. Drawer C Louisville, Illinois 62858-0903	618	665-3391 665-3392
23.	CLINTON E. St. Louis Zone	Mr. Paul Kauling 1130 12th Street Carlyle, Illinois 62231-1258	618	594-2407
24.	COLES E. St. Louis Zone	Ms. L. Murl White 119 West State Street Charleston, Illinois 61920-1399	217	345-2188
25.	CRAWFORD E. St. Louis Zone	Ms. Patsy J. Andrus 1010 North Allen Street Robinson, Illinois 62454-1145	618	544-3151
26.	CUMBERLAND E. St. Louis Zone	Mrs. Nora Redfern 200 South Indiana P.O. Box 188 Toledo, Illinois 62468-0188	217	849-3541
27.	DE KALB Springfield Zone	Ms. Sheryl S. Holmes 2245 Gateway Drive Sycamore, Illinois 60178-3199	815	756-4805
28.	DE WITT E. St. Louis Zone	Vacant 1275 Route 54 East P.O. Box 438 Clinton, Illinois 61727-0438	217	935-2166
29.	DOUGLAS E. St. Louis Zone	Ms. Joyce E. Kincaid 207 East Ficklin Tuscola, Illinois 61953-1811	217	253-3347

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Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
30. DU PAGE Metro-Chicago Zone	Mr. Jon Walen 146 West Roosevelt Rd. Villa Oaks Office Concourse-Suite 2 Villa Park, Illinois 60181-3575	708	530-1120
31. EDGAR E. St. Louis Zone	Vacant 206 E. Court Street Paris, Illinois 61944-2295	217	465-6491
32. EDWARDS E. St. Louis Zone	Ms. Ruth A. Ile 295 East Walnut Street Albion, Illinois 62806-1329	618	445-2121
33. EFFINGHAM E. St. Louis Zone	Mr. Lowell Hunsaker 925 East Fayette Avenue P.O. Box 726 Effingham, Illinois 62401-0726	217	342-4160
34. FAYETTE E. St. Louis Zone	Vacant 228 West Johnson Street Vandalia, Illinois 62471-2898	618	283-2607
35. FORD E. St. Louis Zone	Mrs. Corinne Brown 811 South Railroad Avenue P.O. Box 254 Paxton, Illinois 60957-0254	217	379-2141
36. FRANKLIN E. St. Louis Zone	Mr. Alan M. Summers 303 North Main Street Benton, Illinois 62812-1398	618	439-4351 439-4352
37. FULTON Springfield Zone	Ms. Carol Randall 1329 North Main Street P.O. Box 312 Lewistown, Illinois 61542-1735	309	547-3755
38. GALLATIN E. St. Louis Zone	Vacant 211 Lincoln Blvd. West P.O. Box 280 Shawneetown, Illinois 62984-0280	618	269-3128 269-3129
39. GREENE E. St. Louis Zone	Vacant 145 Walnut Street P.O. Box 286 Carrollton, Illinois 62016	217	942-6907 942-6908
40. GRUNDY Springfield Zone	Ms. Mary Jean Anderson 1715 Division Street, Suite 105 Morris, Illinois 60450-1124	815	942-3024

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Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
41. HAMILTON E. St. Louis Zone	Mrs. Janet Walker Illinois Route 14 East P.O. Box 146 McLeansboro, Illinois 62859-0146	618	643-2313
42. HANCOCK Springfield Zone	Mr. Gregory G. Golemo 620A Wabash Street Carthage, Illinois 62321-1444	217	357-3116
43. HARDIN E. St. Louis Zone	Ms. Ruth Cheatham 108 N. Main P.O. Box 307 Elizabethtown, Illinois 62931-0307	618	287-2521 287-3491
44. HENDERSON Springfield Zone	Ms. Janice L. Kelley Schuyler Street P.O. Box 668 Oquawka, Illinois 61469-0668	309	867-3071
45. HENRY Springfield Zone	Mrs. Diane Keane Bldg. 127 Midland Plaza Kewanee, Illinois 61443-3791	309	852-5627 852-5628
46. IROQUOIS E. St. Louis Zone	Ms. Alberta Burton P.O. Box 341 Watseka, Illinois 60970-0341	815	432-5256 432-5257
47. JACKSON E. St. Louis Zone	Ms. Theresa Doerr 342 North Street Murphysboro, Illinois 62966-2295	618	687-1705
48. JASPER E. St. Louis Zone	Mr. George Wood 102 South Lafayette Street Newton, Illinois 62448-1210	618	783-2311
49. JEFFERSON E. St. Louis Zone	Ms. Norma Shreve 414 E. Main Street P.O. Box 1607 Mt. Vernon, Illinois 62864-1607	618	242-1040
50. JERSEY Springfield Zone	Mr. Patrick E. Tucker 110 North Jefferson Street Jerseyville, Illinois 62052-1726	618	498-2105
51. JO DAVIESS Springfield Zone	Ms. Carol Branagan 708 South West Street P.O. Box 237 Galena, Illinois 61036-0237	815	777-0718

October 1992

Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
52. JOHNSON E. St. Louis Zone	Ms. Janice Bundren 803 Vine Street P.O. Box 186 Vienna, Illinois 62995-0816	618	658-4261 658-9401
53. KANE Metro-Chicago Zone	Mr. Daniel T. Walsh 361 Old Indian Trail Aurora, Illinois 60506-2403	708	844-7400
Suboffice 114 (Includes all of Zip Code 60120)	Mrs. Sarah Hunt 425 Dundee Avenue Elgin, Illinois 60120-3885	708	931-2700
54. KANKAKEE E. St. Louis Zone	Mr. Stephen Twait 285 North Schuyler Ave. P.O. Box 1786 Kankakee, Illinois 60901-1786	815	939-4544
55. KENDALL Springfield Zone	Mrs. Joel Anderson 125 West Hydraulic Street Yorkville, Illinois 60560-1497	708	553-7743
56. KNOX Springfield Zone	Mrs. Terry A. Bruner 1580 East Knox Street Galesburg, Illinois 61401-5396	309	342-8144 342-8145
57. LAKE Springfield Zone	Mrs. Elizabeth S. Hewitt 114 S. Genesee Street Waukegan, Illinois 60085-5667	708	336-5212
58. LA SALLE Springfield Zone	Ms. LuAnn Pierard 700 Centennial Drive P.O. Box 980 Ottawa, Illinois 61350-0980	815	433-1572
59. LAWRENCE E. St. Louis Zone	Mr. Jerome Pacholski R.R. 1, Box 277 Lawrenceville, Illinois 62439-9777	618	943-2334
60. LEE Springfield Zone	Ms. Donna M. White 201 Lincoln Statue Drive P.O. Box 568 Dixon, Illinois 61021-0568	815	288-4487 288-4125
61. LIVINGSTON E. St. Louis Zone	Mrs. Betty Van Sweringen 905 Custer Avenue P.O. Box 707 Pontiac, Illinois 61764-0707	815	842-1151

October 1992



Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
62. LOGAN Springfield Zone	Mrs. Shirley J. Oppen 1550 4th Street P.O. Box 10 Lincoln, Illinois 62656-0010	217	735-2306 735-2307
63. MACON E. St. Louis Zone	Mr. Richard H. Ruedi 707 East Wood Street P.O. Box 3130 Decatur, Illinois 62524-3130	217	362-6500
64. MACOUPIN Springfield Zone	Mr. Ronald P. Bodtke 85 Carlinville Plaza Carlinville, Illinois 62626-1192	217	854-3145
65. MADISON E. St. Louis Zone	Mr. Ted Funkhouser #16 Nameoki Village Shp. Ctr. Granite City, Illinois 62040-3798	618	877-9200
Suboffice 115	Mrs. Norma L. Shaffer 608 West St. Louis Avenue P.O. Box 270 East Alton, Illinois 62024-0270	618	258-1660
66. MARION E. St. Louis Zone	Vacant 100 East McCord Street P.O. Box 746 Centralia, Illinois 62801-0746	618	532-1966 532-1967
67. MARSHALL Springfield Zone	Mr. Jerome D. Halverson 708 Second Street Henry, Illinois 61537-1599	309	364-2376
68. MASON Springfield Zone	Vacant 323 West Main Street Havana, Illinois 62644-1194	309	543-3329
69. MASSAC E. St. Louis Zone	Mrs. Kathy Rushing 2301 Metropolis Street Metropolis, Illinois 62960-1399	618	524-2631
70. MC DONOUGH Springfield Zone	Mrs. Diane Tichenor 1026 East Jackson Street Macomb, Illinois 61455-2597	309	833-4127
71. MC HENRY Springfield Zone	Mr. Richard A. Bonofiglio 1316 North Madison Street Woodstock, Illinois 60098-2599	815	338-0234 338-0241

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Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
72. MC LEAN E. St. Louis Zone	Mr. Roger E. Zimmerman 719 West Chestnut Street P.O. Box 3725 Bloomington, Illinois 61702-3725	309	827-4621
73. MENARD Springfield Zone	Ms. Rhonda Davis 118 E. Jackson Street Petersburg, Illinois 62675-1598	217	632-7711
74. MERCER Springfield Zone	Mr. Gary Cortright 400 South East 8th Street Aledo, Illinois 61231-2095	309	582-5178
75. MONROE E. St. Louis Zone	Mr. Clyde A. Limestall 123 W. Mill Street P.O. Box 66 Waterloo, Illinois 62298-0066	618	939-8615
76. MONTGOMERY Springfield Zone	Vacant 210 E. Fairground Avenue P.O. Box 515 Hillsboro, Illinois 62049-0515	217	532-3957
77. MORGAN Springfield Zone	Mrs. Helen C. Downey 45-47 S. Central Park Plaza Jacksonville, Illinois 62650-2080	217	245-5164
78. MOULTRIE E. St. Louis Zone	Mrs. Kathryn M. Hendrix 10 South Worth Street Sullivan, Illinois 61951-2058	217	728-7343
79. OGLE Springfield Zone	Ms. Rosalie Wesley 2 Pines Plaza P.O. Box 276 Oregon, Illinois 61061-0276	815	732-2166
80. PEORIA Springfield Zone	Mrs. Sandra Jones 605-607 N.E. Jefferson Street Peoria, Illinois 61603-3899	309	671-3282
81. PERRY E. St. Louis Zone	Ms. Nancy Genesio 314 North Maple St. DuQuoin, Illinois 62832-1099	618	542-4714
82. PIATT E. St. Louis Zone	Vacant 108 East Washington Street P. O. Box 289 Monticello, Illinois 61856-0289	217	762-9848

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Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
83. PIKE Springfield Zone	Mr. Richard S. Davis P.O. Box 271 Pittsfield, Illinois 62363-0271	217	285-2171
84. POPE E. St. Louis Zone	Mr. George Thodoropoulos 106 North Market Street P.O. Box 130 Golconda, Illinois 62938-0130	618	683-2921
85. PULASKI E. St. Louis Zone	Vacant 120 North Front Street Mounds, Illinois 62964-1094	618	745-9411
86. PUTNAM Springfield Zone	Mr. Kimrey (Kim) Alleman 108 South McCoy St. P.O. Box 330 Granville, Illinois 61326-0330	815	339-2164
87. RANDOLPH E. St. Louis Zone	Mrs. Hulda Krantz 201 Van Zant Street P. O. Box 307 Chester, Illinois 62233-0307	618	826-4559 826-4558
88. RICHLAND E. St. Louis Zone	Ms. Elaine M. Bushue R.R.1, 6 Micah Drive Olney, Illinois 62450-9747	618	392-3151 393-7831
89. ROCK ISLAND Springfield Zone	Ms. Mary Ann Jones 2821 Fifth Street Rock Island, Illinois 61201-4085	309	794-9530
90. SALINE E. St. Louis Zone	Mrs. Sharon L. DeVillez 320 E. Raymond Street P. O. Box 724 Harrisburg, Illinois 62946-0724	618	253-7161
91. SANGAMON Springfield Zone	Mr. Gregory Matarelli 100 S. Martin Luther King Drive Springfield, Illinois 62703-1114	217	782-0400
92. SCHUYLER Springfield Zone	Mrs. Holly E. Cain 111 East Washington Street P.O. Box 329 Rushville, Illinois 62681-0329	217	322-3377
93. SCOTT Springfield Zone	Mrs. Ella L. Tittsworth 128 West Cherry Street Winchester, Illinois 62694-1026	217	742-3158

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Local Office Number, Name and Zone Designation		Local Office Administrator and Address	Area Code	Phone Number
94.	SHELBY E. St. Louis Zone	Ms. Patricia G. Tolly 610 West Main Street Shelbyville, Illinois 62565-1440	217	774-3971
95.	STARK Springfield Zone	Mr. Carl P. Neslon 104 South East Street Toulon, Illinois 61483-9706	309	286-2021 286-7221
111.	ST. CLAIR E. St. Louis Zone	Ms. Jean Earl 320 North 9th Street East St. Louis, Illinois 62201-1798	618	583-2300
	Suboffices 112	Ms. Charlotte Kroupa 218 West Main Street Belleville, Illinois 62220-1589	618	277-8960
	113	Mrs. Myrtle J. Woody 6800 Old Missouri Road East St. Louis, Illinois 62207-1070	618	332-8900
97.	STEPHENSON Springfield Zone	Mrs. Catherine Banks 1631 South Galena Avenue Freeport, Illinois 61032-2517	815	232-6123 232-6124
98.	TAZEWELL Springfield Zone	Ms. Ellen Smith 200 S. Second Street, Suite 20 Pekin, Illinois 61554-4006	309	347-4184
99.	UNION E. St. Louis Zone	Mr. James Clark 201 E. Chestnut Street Anna, Illinois 62906-1899	618	833-2118
100.	VERMILION E. St. Louis Zone	Ms. Rita Nordheden 220 South Bowman Avenue P.O. Box 690 Danville, Illinois 61834-0690	217	442-4003
101.	WABASH E. St. Louis Zone	Vacant 229 West 2nd Street Mt. Carmel, Illinois 62863-1608	618	262-5179 262-5170
102.	WARREN Springfield Zone	Mrs. Marilyn A. Strausbaugh 1245 South Main Street P.O. Box 80 Monmouth, Illinois 61462-0080	309	734-2159
103.	WASHINGTON E. St. Louis Zone	Vacant 402 North Kaskaskia P.O. Box 72 Nashville, Illinois 62263-1214	618	327-8414 327-8713

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Local Office Number, Name and Zone Designation	Local Office Administrator and Address	Area Code	Phone Number
104. WAYNE E. St. Louis Zone	Ms. Frances M. Gardner 215 S.E. 3rd St., 2nd Fl. P.O. Box 207 Fairfield, Illinois 62837-0207	618	842-2621 842-2622
105. WHITE E. St. Louis Zone	Mr. Robert Wylie 1112 West Oak Street Carmi, Illinois 62821-1398	618	382-4685
106. WHITESIDE Springfield Zone	Ms. Betty McCaffrey 2605 Woodlawn Road Sterling, Illinois 61081-4151	815	626-4957
107. WILL Metro-Chicago Zone	Mr. Douglas J. Ihne 45 E. Webster Street Joliet, Illinois 60431-1044	815	740-5350
108. WILLIAMSON E. St. Louis Zone	Mr. Mark Drake 606 North VanBuren Street Marion, Illinois 62959-2394	618	997-6591
109. WINNEBAGO Springfield Zone	Mr. Kenneth L. Walker 1111 North Avon Street Rockford, Illinois 61101-5898	815	987-7620
110. WOODFORD Springfield Zone	Vacant 107a North Major Street Eureka, Illinois 61530-1293	309	467-2358
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238	Bureau of Program & Field Management Services 100 South Grand Avenue East, 3rd Fl. Springfield, Illinois 62762	217	524-5473

## COOK COUNTY LOCAL OFFICES/NUMERICAL SEQUENCE

200 Nursing Home Serv.	312-793-8000	218 Southeast	312/783-8700
201 Western	312/522-8370	222 Metro West GA Office	312/533-2000
202 Michigan	312/793-7500	223 Central GA Office	312/793-6100
203 Oakland	312/927-4200	224 Metro South GA Office	312/873-4600
204 Uptown	312/907-4100	225 Chgo Ctr for Staff Dev	312/793-3100

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Local Office Number and Name	Local Office Administrator and Address	Area Code	Phone Number
COOK COUNTY (Continued)			
205 Park Manor	312/602-4700 226 South Suburban (Chicago) (Midlothian)	312/568-5120 708/371-5750	
206 Kenwood	312/538-8000 227 Hospital Assistance	312/793-8225 312/793-8110	
207 Ashland	312/633-3700 228 Lower North	312/738-5700	
208 Englewood	312/918-6700 229 West Suburban (Chicago) (Melrose)	312/287-3167 708/450-5600	
209 Special Units	312/793-2740 231 Humboldt Park	312/292-7200	
210 Cook County Hospital	312/633-3800 232 Auburn Park	312/723-8750	
212 Woodlawn	312/753-5200 233 Northern	312/989-3600	
214 Oak Forest Hospital	708/687-3100 234 Austin	312/261-8848	
215 Garfield	312/265-7740 235 Pershing	312/538-8900	
216 Cabrini	312/988-2950 236 Roseland	312/660-7000	
217 Wicker Park	312/292-2900 237 Northwest	312/265-7000	

## COOK COUNTY LOCAL OFFICES/ALPHABETICAL SEQUENCE (All in Metro-Chicago Zone)

207 ASHLAND	Mrs. Frances French 100 N. Western Avenue, 2nd Fl. Chicago, Illinois 60612-2222	312	633-3700
232 AUBURN PARK	Ms. Rosie Washington 839 West 79th Street Chicago, Illinois 60620-2593	312	723-8750
234 AUSTIN	Ms. Alma Hobson 408 North Laramie Avenue Chicago, Illinois 60644-1999	312	261-8848
216 CABRINI	Mr. James E. Fitzpatrick 630 West Evergreen Chicago, Illinois 60610-1041	312	988-2950
223 CENTRAL GA OFFICE	Vacant 2014 S. Michigan Ave., 1st Fl. Chicago, Illinois 60616-1795	312	793-6100

October 1992

Local Office Number and Name	Local Office Administrator and Address	Area Code	Phone Number
COOK COUNTY (CONTINUED)			
210 COOK COUNTY HOSPITAL	Ms. Phyllis James 1900 West Polk, 2nd Fl. Chicago, Illinois 60650	312	633-3800
208 ENGLEWOOD	Mr. James Galloway 6305-11 South Western Avenue Chicago, Illinois 60636-2495	312	918-6700
215 GARFIELD	Ms. Sharon Walker 500 North Pulaski Road Chicago, Illinois 60624-1091	312	265-7740
227 HOSPITAL ASSISTANCE	Mr. Victor Rosario 2036 S. Michigan Avenue, 7th Fl. Chicago, Illinois 60616-5293	312	793-8110 793-8225
231 HUMBOLDT PARK	Mr. James D. Patterson 2753 West North Avenue Chicago, Illinois 60647-5293	312	292-7200
206 KENWOOD	Mr. Obadiah Claybrook 300 W. Pershing Road Chicago, Illinois 60653	312	538-8000
228 LOWER NORTH	Mr. Michael Jacobs 412 North Milwaukee Avenue Chicago, Illinois 60610-3993	312	738-5700
224 METRO SOUTH GA OFFICE	Mrs. Janice Freeman 9001 South Halsted Street Chicago, Illinois 60620-2688	312	873-4600
222 METRO WEST GA OFFICE	Ms. Barbara Blount 445 North Sacramento Boulevard Chicago, Illinois 60612-1711	312	533-2000
202 MICHIGAN	Ms. Donna L. Clay 70 East 21st Street Chicago, Illinois 60616-1783	312	793-7500
233 NORTHERN	Ms. Iris Roman 5822 North Western Avenue Chicago, Illinois 60659-5097	312	989-3600
Satellite Food Stamp Office	25 Illinois Boulevard Hoffman Estates, Illinois 60194-3399	312	843-1400
237 NORTHWEST	Mr. Dennis Hoffenkamp 4105 W. Chicago Avenue Chicago, Illinois 60651-3623	312	265-7000

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Local Office Number and Name	Local Office Administrator and Address	Area Code	Phone Number
COOK COUNTY (CONTINUED)			
200 NURSING HOME SERVICES	Ms. Olga Love 2036 South Michigan, 6th Fl. Chicago, Illinois 60616	312	793-8000
214 OAK FOREST HOSPITAL	Ms. Annette Carter 159 & Cicero Ave.-Area F Oak Forest, Illinois 60609	312 708	468-5300 687-3100
203 OAKLAND	Ms. Kathryn Worthen 610 West Root Street Chicago, Illinois 60609	312	579-4200
205 PARK MANOR	Mr. Floyd Stewart 724 West 64th Street Chicago, Illinois 60621	312	602-4700
235 PERSHING	Ms. Minnie L. Hausley 300 West Pershing Road Chicago, Illinois 60609	312	538-8900
236 ROSELAND	Mrs. Alfreda Readus 11203 South Ellis Avenue Chicago, Illinois 60628	312	660-7000
218 SOUTHEAST	Ms. Carolyn Watson 8001 South Cottage Grove Chicago, Illinois 60619	312	602-4200
226 SOUTH SUBURBAN	Miss Jeanette Veen 14820 South Kedzie Avenue Midlothian, Illinois 60445	708	371-5750
209 <u>SPECIAL UNITS OFFICE</u>	Mr. Howard Pride 2036 S. Michigan, 2nd Floor Chicago, Illinois 60616	312	793-2740
	Refugee Assistance Program 2036 S. Michigan, 2nd Floor Chicago, Illinois 60616	312	793-2740
	Inter-Agency Program 2036 S. Michigan, 2nd Floor Chicago, Illinois 60616	312	793-2711
	Repatriate Program 2036 S. Michigan, 2nd Floor Chicago, Illinois 60616	312	793-2625

October 1992



Local Office Number and Name	Local Office Administrator and Address	Area Code	Phone Number
COOK COUNTY (CONTINUED)			
225 CHICAGO CENTER FOR STAFF DEVELOPMENT	Miss Sondra Brunke 17 N. State Street, 9th Fl. Chicago, Illinois 60602	312	793-3100
204 UPTOWN	Mr. Robert Bowman 2112 West Lawrence Avenue Chicago, Illinois 60625	312	907-4100
201 WESTERN	Miss Rosalie Munroe 3910 West Ogden Chicago, Illinois 60623	312	522-8370
229 WEST SUBURBAN	Mr. G. Krishna Marni (Chicago) 1708 Main Street (Melrose) Melrose Park, Illinois 60160	312 708	287-3167 450-5600
217 WICKER PARK	Ms. Linda Ester 1279 N. Milwaukee, 3rd Fl. Chicago, Illinois 60622-2219	312	292-2900
212 WOODLAWN	Ms. Jo Ann Thompson 6317 South Maryland Chicago, Illinois 60637	312	753-5200
PROJECT ADVANCE OFFICE	Ms. Melba McCarty 1308 West 105th Street Chicago, Illinois 60643	312	881-2900
YOUNG PARENTS PROGRAM OFFICE	Ms. Sally Polasek 901 West Monroe, 2nd Floor Chicago, Illinois 60607	312	633-1800
DETERMINATIONS REVIEW UNIT	Ms. Patricia Grant, Supervisor 2036 South Michigan, 4th Fl. Chicago, Illinois 60616	312	793-3144

October 1992

State of Illinois  
Department of Public Aid

ZONE OFFICE DIRECTORY

METRO-CHICAGO ZONE  
Telephone: (312) 793-4131

Mr. Waymon Starks, Zone Manager  
159 North Dearborn, 5th Floor  
Chicago, Illinois 60601

Assistant Zone Managers  
Mr. Gene Whitehorn  
Ms. Doris Davis

Ashland  
Auburn Park  
Austin  
Cabrini  
Central GA  
DuPage  
Englewood  
Garfield  
Humboldt Park  
Kane  
Kenwood  
Lower North  
Metro South GA  
Metro West GA  
Michigan

Northern  
Northwest  
Oakland  
Park Manor  
Pershing  
Roseland  
Southeast  
South Suburban  
Special Units  
Uptown  
Western  
West Suburban  
Wicker Park  
Will

October 1992

SPRINGFIELD ZONE  
Telephone: (217) 524-6321

Mr. Walter R. Bradbury, Zone Manager  
509 South Sixth Street, Room 549  
Springfield, Illinois 62701-1899

Assistant Zone Manager  
Mr. John Dotzel

Adams	Marshall
Boone	Mason
Brown	McDonough
Bureau	McHenry
Calhoun	Menard
Carroll	Mercer
Cass	Montgomery
Christian	Morgan
DeKalb	Ogle
Fulton	Peoria
Grundy	Pike
Hancock	Putnam
Henderson	Rock Island
Henry	Sangamon
Jersey	Schuyler
Jo Daviess	Scott
Kendall	Stark
Knox	Stephenson
Lake	Tazewell
LaSalle	Warren
Lee	Whiteside
Logan	Winnebago
Macoupin	Woodford

October 1992

EAST ST. LOUIS ZONE  
Telephone: (618) 583-2080

Mr. John Barnett, Zone Manager  
10 Collinsville Avenue  
East St. Louis, Illinois 62201

Assistant Zone Manager  
Mrs. Norma Davis

Alexander	Lawrence
Bond	Livingston
Champaign	Macon
Clark	Madison
Clay	Marion
Clinton	Massac
Coles	McLean
Crawford	Monroe
Cumberland	Moultrie
DeWitt	Perry
Douglas	Piatt
Edgar	Pope
Edwards	Pulaski
Effingham	Randolph
Fayette	Richland
Ford	Saline
Franklin	Shelby
Gallatin	St. Clair
Greene	Union
Hamilton	Vermilion
Hardin	Wabash
Iroquois	Washington
Jackson	Wayne
Jasper	White
Jefferson	Williamson
Johnson	
Kankakee	

October 1992

## ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## Directory of Regional Offices

REGIONAL OFFICESCOUNTIES SERVEDRegion 1A

Rockford Regional Office  
 P. O. Box 915  
 Rockford, Illinois 61105  
 (815) 987-7640

Boone	Ogle
Carroll	Stephenson
DeKalb	Whiteside
JoDaviess	Winnebago
Lee	

Region 1B

Peoria Regional Office  
 5415 North University Avenue  
 Peoria, Illinois 61614  
 (309) 691-2200

Bureau	Marshall	Rock Island
Fulton	McDonough	Stark
Henderson	Mercer	Tazewell
Henry	Peoria	Warren
Knox	Putnam	Woodford
LaSalle		

Region 2A

Aurora Regional Office  
 8 East Galena Boulevard  
 Aurora, Illinois 60505  
 (312) 898-7800

Dupage	Kendall
Grundy	Lake
Kane	McHenry
Kankakee	Will

Region 2B

Chicago Regional Office  
 100 West Randolph, 6th Floor  
 Chicago, Illinois 60601  
 (312) 793-6800

Cook

Region 3A

Springfield Regional Office  
 4500 South Sixth Street Road  
 Springfield, Illinois 62706  
 (217) 786-6830

Adams	Hancock	Montgomery
Brown	Jersey	Morgan
Calhoun	Logan	Pike
Cass	Macoupin	Sangamon
Christian	Mason	Schuyler
Greene	Menard	Scott

January 1989

REGIONAL OFFICES

COUNTIES SERVED

Region 3B

Champaign Regional Office  
2125 South First Street  
Champaign, Illinois 61820  
(217) 333-2420

Champaign	Edgar	McLean
Clark	Ford	Moultrie
Coles	Iroquois	Piatt
Cumberland	Livingston	Shelby
DeWitt	Macon	Vermilion
Douglas		

Region 4A

East St. Louis Regional Office  
10 Collinsville Avenue  
East St. Louis, Illinois 62201  
(618) 875-9300

Bond	Randolph
Clinton	St. Clair
Madison	Washington
Monroe	

Region 5A

Marion Regional Office  
2209 West Main Street  
Marion, Illinois 62959  
(618) 997-4371

Alexander	Hardin	Pope
Clay	Jackson	Pulaski
Crawford	Jasper	Richland
Edwards	Jefferson	Saline
Effingham	Johnson	Union
Fayette	Lawrence	Wabash
Franklin	Marion	Wayne
Gallatin	Massac	White
Hamilton	Perry	Williamson

January 1989

TECHNICAL GUIDELINES  
FOR PREPARATION OF  
MMIS INVOICE DOCUMENTS FOR OPTICAL SCANNER PROCESSING

In order to minimize delays in processing MMIS billings through data entry, the following guidelines have been gathered to assist providers in the correct preparation of MMIS scannable documents. Elimination of the common errors listed below will help to ensure more effective processing, and in turn reduce the need for the "special handling" of bills and later adjustments, which should facilitate more accurate and timely payments.

A. SCANNER ERROR CONDITIONS

1. REJECT - this is a character that the scanner cannot "read"; i.e., it matches nothing in the system's vocabulary.
2. SUBSTITUTION - A character that reads as another character.  
Example: if your typewriter or impact printer has not been cleaned properly, dirt caked in an Alpha "O" or numeric zero may cause the character to read as a numeric "8" or alpha "B".
3. DROPPED CHARACTERS - A character that is not "seen" by the scanner and, therefore, is not "read" at all. This condition is usually caused by the use of nonblack inks, or by the print being too light to be read. Use of black carbon ribbons that are changed on a regular basis will eliminate or drastically reduce dropped character errors.

When these error conditions are present, manual corrections by a data entry operator must be made, increasing processing requirements for the document. If these error conditions are present on a significant recurring basis within a single document, the entire document is then "rejected" by the scanner. The document must then be completely keyed and verified by a data entry operator, which adds to the overall document processing time - thus potentially delaying payment.

B. DATA THE SCANNER IS UNABLE TO READ

1. HANDWRITTEN DATA

The scanner cannot read handwritten data.

2. INVALID FONTS (CHARACTERS)

- A. The scanner can only read those typewriter and computer printer fonts (characters) that have been programmed in the system vocabulary.

(NOTE: If you are contemplating acquisition of a typewriter or printer and are unsure of its font's scannability, the Department's Bureau of Information Systems will process test documents and provide feedback regarding any problems found.) Please refer to General Appendix 6(6) for information on contacting the Bureau of Information Systems.

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B. DATA THE SCANNER IS UNABLE TO READ (continued)

- B. Examples of "nonreadable" fonts are italic, script and orator fonts, or any font that has connecting characters.
- C. Upper case type must always be used (capitals). The scanner cannot read any lower case characters.
- D. Characters having unusual "tails" or formation will usually reject, but they may cause substitutions that could cause unpredictable results.

3. RIBBON COLOR

Black is the only color that will read effectively, providing all other conditions are met. The system cannot read red, green, brown, etc., ribbons with black carbon-based ink must be used.

4. DATA TOO LIGHT OR TOO DARK

- A. Data that is too light cannot be read by the scanner. Light data is generally caused by a dried-out ribbon, but may also be caused by improper device adjustment. Ribbons should be changed on a scheduled basis so replacements are made when needed. Light data also occurs when keys on a manual typewriter are not depressed firmly.
- B. Print that is too dark is usually the result of the device's copy control being set too high or use of an overinked ribbon. This problem may also occur with a manual typewriter when the typist depresses the keys too hard.

5. SPECIAL CHARACTERS

For MMIS processing, no special characters are required for document preparation.

Two of the most common misuses of special characters are the inclusion of the decimal point (.) in money amount fields and slashes (/) or dashes (-) in date fields.

6. CHARACTER PITCH

A minimum of ten (10) characters to the inch and a maximum of twelve (12) characters to the inch can be read by the scanner. If the pitch of the printing device is on a larger or smaller scale, it will cause the scanner to produce unpredictable results such as dropped characters or substitutions. Variable pitch typewriters should not be used.

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## B. DATA THE SCANNER IS UNABLE TO READ (continued)

## 7. SIZE OF TYPEFACE

If the typeface is too small or too large, it cannot be read by the scanner. The minimum character height allowable is 0.112 of an inch. The maximum character height allowed is 0.224 of an inch. Most standard pica and elite types fit well within this range.

## 8. ATTACHMENTS TO DOCUMENTS

Attachments should never be stapled to a document that is to be submitted for scanner processing. Documents requiring attachments should be submitted in a separate envelope for special handling. Staple holes in data fields or the document control number portion of the bill will cause rejects resulting in manual processing of the document.

## 9. OVERTYPING

A character typed on top of another character (strikeover) cannot be read correctly by the scanner.

## 10. PLACEMENT OF DATA

Data must be centered in the boxes for a given item. This can best be achieved by using the character alignment boxes placed at the top of each form.

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Characters must be typed or computer printed within the boxes provided on the document. Typing outside these boxes creates data "locate" problems, which in turn will usually cause the document to reject and require key-entry of the document.

## 11. REMOVAL OF PERFORATED EDGES

The perforated edges along both sides of the document must be removed before the document is submitted for processing. Care must be exercised to insure removal being done precisely on the perforation. The Scanner Program uses the physical measurements of the documents to "locate" the individual fields, and any variation in size, however small, may result in rejects and manual processing of the document. Do not use a paper cutting machine to remove the perforated edges.

## 12. CHARACTER VOIDS OR DISTORTIONS

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Voids are areas in individual characters where no ink transfer occurs. This is generally caused by damaged typewriter keys, a damaged or badly worn ribbon, or by the printing device being in improper adjustment.

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B. DATA THE SCANNER IS UNABLE TO READ (continued)

Typewriter keys that are not in proper alignment may cause distorted characters. This problem may cause characters to be slanted or light on one side.

13. VENDOR SIGNATURE

When the handwritten signature extends outside the area provided for it, multiple reading problems may result. Also, the signature must be in black ink for optimum readability. Do not use a felt-tip marker as the ink used in some of these pens cannot be "seen" by the scanner.

14. OVERLAPPING CHARACTERS

These are usually caused by the typewriter being out of adjustment. In the case of an IBM Selectric or a similar device, many times the problem is the result of a ten pitch element used on a twelve (12) pitch typewriter or vice versa. As stated previously, do not use a variable-pitched typewriter.

15. EXTRANEIOUS INK

Ink smudges around or within characters that are not a part of the actual character cause multiple "read" problems when scanned. Overinked ribbons or out of adjustment printers are usually the cause of this problem but may also be caused by dirty type. The typeface on any impact print device should be cleaned daily and each time the ribbon is changed.

16. ERASURES AND WHITE-OUT

Erasures should not be made. White-out, while not recommended, may be used if applied carefully and uniformly. The white-out should be allowed to completely dry before placing another document on top of it to avoid sticking and discoloring. Forms stuck together cause "jams" in the scanner which in turn may require the affected documents to be key-entered, creating a possible delay in payment.

17. MIXED DOT-MATRIX, TYPED OR PRINTED DATA

(NOTE: Dot-matrix prepared forms must be kept separate from all typed or computer-generated forms, or they cannot be read by the scanner.)

- A. For best reading capability, only one (1) type of font style should be used on a single document.

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B. DATA THE SCANNER IS UNABLE TO READ (continued)

- B. Typing errors that have been corrected by handwritten characters either marked through or character-modified with pen or pencil may cause the document to be rejected; thus requiring complete key-entry which may delay payment.
- C. Handwritten "X's" in repeat/delete boxes cannot be "read" by the scanner. As previously noted, only typed or computer-printed upper-case characters must be used in all entries.

18. Fuzzy or Blurred Characters:

- A. Characters that are fuzzy or blurred in appearance cannot be accurately read by the scanner. This condition is generally due to poorly cleaned print or type faces. It may also be caused by improper device adjustment or may result from the use of a worn out or damaged ribbon.
- B. A scheduled cleaning of print or type faces and the replacement of worn ribbons or parts on a regular basis is a firm foundation for achieving maximum scanner benefits.

19. Required Data

The scanner has been programmed to do edit checks on required data fields present on the document. If required data is not present, or is invalid, the scanner will reject the document.

20. Damaged Documents

- A. Documents that are poorly handled (i.e., folded, torn and taped back together, etc.) cannot be processed by the scanner.
- B. When documents are ready for mailing they should be placed in an appropriately sized preaddressed envelope. If the envelope is secured with staples, care should be taken not to staple through the documents.

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21. INVALID USE OF DCN AREA

The Illinois Department of Public Aid (IDPA) assigns a Document Control Number (DCN) to all billings processed by the Department. The area where the DCN is recorded is located in the free area located in the upper right hand corner of the form. The only exception to this location is the area assigned on the new UB82 forms, the DCN on these billings is recorded in the upper middle of the form and is defined as box two (2). These areas must never be used by a provider for the entry of general information i.e. patient information, second request, etc. If information of this nature must be recorded use the remarks sections located on the bottom of most forms, or the area below the provider signature on those containing no remarks section. This rule applies to all billings submitted scannable or otherwise.

Please note that these guidelines are for your assistance in preparing MMIS invoices for improved scanner processing only. Should you have any questions concerning actual invoice data content, continue to use your normal Bureau of Medical Practitioner Services' contacts.

If your documents are prepared by a service bureau, please forward them a copy of this documentation to insure proper preparation of your MMIS billings.

The Department's Bureau of Information Systems has a vendor/scanner liaison to assist you in resolving ongoing problems or questions regarding document scannability. You can contact a Department representative at  
= 217/524-7430. Test documents may be mailed to the attention of the Vendor/Scanner Liaison, Prescott E. Bloom Building, 201 South Grand Avenue East, Springfield, Illinois 62763-0001.

October 1992

THIRD PARTY LIABILITY RESOURCE CODE DIRECTORY  
STATEMENT OF CREDIT CODES

The Third Party Liability (TPL) codes appear on the client's Medical Eligibility Card. The code consists of a three digit numeric resource code that may be prefixed with an alphabetic coverage code. The alpha coverage code define the extent of services covered by resource.

EXAMPLE: A client who is insured under a health plan written by Aetna Life Insurance Company will have the source code 001 printed in the TPL section of the Medical Eligibility Card. Upon definition of the coverage included in the plan, a prefix alpha "A" code will be added to the TPL resource code (A001) to denote a comprehensive health insurance plan that is underwritten by Aetna.

TPL Codes To Be Utilized

Group I (Insuring Organizations)

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
136	Academy Life Insurance Company 1 Valley Forge Plaza Valley Forge, Pennsylvania 19487
001	Aetna Life & Casualty 4501 N. Sterling Avenue - Attn: Claims Dept. Peoria, Illinois 61615
481	Aetna Life & Casualty P.O. Box 31450 - Uniform Plan Tampa, Florida 33631
483	Aetna Life & Casualty P.O. Box 5367 Rockford, Illinois 61125
142	Aid Association for Lutherans 4321 North Ballard Road Appletown, Wisconsin 54919
048	Allstate Life Insurance Allstate Plaza Northbrook, Illinois 60062
002	Amalgamated Life & Health Company 333 South Ashland Boulevard Chicago, Illinois 60607
153	Amalgamated Life Insurance Company 770 Broadway New York, New York 10003

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
154	American Centennial Life Insurance P.O. Box 1319 Morristown, New Jersey 07960
061	American Family Life Assurance 1932 Wynnton Road Columbus, Georgia 31999
475	American Federation of Government Employees 80 F Street NW Washington, D.C. 20001
042	American Fidelity Assurance 2000 Classen Center Oklahoma City, Oklahoma 73106
103	American General Life & Accident P.O. Box 1500, Health Claims Nashville, Tennessee 37202
114	American General Life Insurance Company P.O. Box 1591 Houston, Texas 77251
144	American Heritage Life 76 South Laura Street Jacksonville, Florida 32202
105	American Income Life Insurance Company P.O. Box 2608 Waco, Texas 76797
098	American Independence Life Insurance 1867 Avenue of America Monroe, Louisiana 71201
062	American Integrity - Nohga P.O. Box 834 Horsham, Pennsylvania 19044
161	American International Life Wall Street Station - P.O. Box 727 New York, New York 10268
063	American Liberty Life Insurance Company P.O. Box 1568 Birmingham, Alabama 35201
064	American Life & Accident Insurance P.O. Box 1600 Dallas, Texas 75221

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
065	American Life Insurance Company 208 South LaSalle Street - Suite 1440 Chicago, Illinois 60604
066	American Mutual Life Insurance Company Liberty Building Des Moines, Iowa 50309
056	American National Insurance Company P.O. Box 1790 Galveston, Texas 77553
453	American Postal Workers Union Hospital Plan - P.O. Box 967 Silver Spring, Maryland 20910
053	American Republic Insurance Company P.O. Box 1 Des Moines, Iowa 50334
137	American States Insurance Company 500 North Meridian Street Indianapolis, Indiana 46204
067	American Union Life Insurance Company 303 East Washington Bloomington, Illinois 61701
068	American United Life Insurance Company P.O. Box 368 Indianapolis, Indiana 46206
169	Association Life Insurance Company, Inc. P.O. Drawer 8-B Milwaukee, Wisconsin 53201
485	Atkinson Topeka & Santa Fe P.O. Box 1979 Topeka, Kansas 66601
430	Automotive Wholesalers of Illinois P.O. Box 19252, Attn: Insurance Dept. Springfield, Illinois 62794
460	Bakery & Confectionery Workers *
003	Bankers Life & Casualty Company 222 Merchandise Mart Plaza Chicago, Illinois 60654
045	Bankers Multiple Line 4810 North Kenneth Avenue Chicago, Illinois 60631

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
086	Banner Life Insurance Company 1701 Research Boulevard Rockville, Maryland 20850
069	Beneficial National Life Insurance 76 Madison Avenue New York, New York 10016
070	Beneficial Standard Life Insurance 5700 Wilshire Boulevard Los Angeles, California 90036
611	Benefit Administration, Inc. 43 Orland Square, Suite 303 Orland Park, Illinois 60462
044	Blue Cross/Blue Shield - Location is other than Illinois
480	Blue Cross/Blue Shield 233 N. Michigan Chicago, Illinois 60601
484	Blue Cross/Blue Shield 233 N. Michigan Chicago, Illinois 60601
462	Boilermaker's Union *
469	Bricklayer's Union *
612	Brookfield 5440 North Cumberland Avenue, #250 Chicago, Illinois 60656
604	Brookfield - Harrington P.O. Box 909772 Chicago, Illinois 60690
007	Business Men's Assurance Company BMA Tower - Penn Valley Park Kansas City, Missouri 64108
159	California Western States Life P.O. Box 959 Sacramento, California 95804
008	Capitol Life Insurance Company P.O. Box 1200 Denver, Colorado 80201
448	Carpenters Health & Welfare Trust Fund *



<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
449	Caterpillar Tractor Company Benefit Payments - LD487 East Peoria, Illinois 61630
080	Central Life Assurance Company P.O. Box 5620 Madison, Wisconsin 53705
143	Central Life Assurance Company P.O. Box 5922 Madison, Wisconsin 53705
072	Central States Health & Life P.O. Box 34350 Omaha, Nebraska 68134
443	Central States Joint Board 1950 West Erie - Attn: Insurance Dept. Chicago, Illinois 60622
452	Central States SE & SW Fund 9377 West Higgins Road Rosemont, Illinois 60018
009	Champus/Champva P.O. Box 3054 - Associated Group Columbus, Indiana 47202
433	Chrysler Corporation **  HOSPITAL SERVICES  MEDICAL SERVICES  DENTAL SERVICES
073	Colonial Life & Accident Insurance P.O. Box 1365 Columbia, South Carolina 29202
074	Colonial Penn Life Insurance Company 1818 Market Street - Claim Dept. 1250 Philadelphia, Pennsylvania 19181
178	Combined American Life Insurance Company P.O. Box 1009 Langhorne, Pennsylvania 19047
047	Combined Insurance Company 5050 Broadway Chicago, Illinois 60640

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
076	Commonwealth Life & Accident P.O. Box 9000 League City, Texas 77573
151	Commonwealth Life Insurance Company P.O. Box 32800 Louisville, Kentucky 40232
077	Confederation Life Insurance Company One Mount Pleasant Road Toronto, Ontario M4Y 2Y5 Canada
010	Connecticut General Life Insurance P.O. Box 3025 Bourbonnais, Illinois 60914
011	Continental Assurance Company CNA Plaza Chicago, Illinois 60685
613	Coordinated Financial Services 175 West Jackson - Suite 1535 Chicago, Illinois 60604
012	Country Life Insurance Company 1701 Towanda Avenue Bloomington, Illinois 61701
054	Crown Life Insurance Company 5445 West Cypress Street, #300 Tampa, Florida 33607
156	Cuna Mutual Insurance Society 5910 Mineral Point Road Madison, Wisconsin 53705
600	Dukane Claim Company P.O. Box 10 Aurora, Illinois 60507
458	Electrical Workers Union *
616	Employee Benefit Claims, Inc. 435 Ford Road - Suite 500 Minneapolis, Minnesota 55426
606	Employee Benefit Plans 435 Ford Road - Suite 500C Minneapolis, Minnesota 55426
050	Employers Life Insurance of Wausau P.O. Box 8013 - Group Claims Wausau, Wisconsin 54402

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
013	Equitable Life Assurance 787 Seventh Avenue New York, New York 10019
078	Equity National Life Insurance Company P.O. Box 8063 Little Rock, Arkansas 72203
171	Farmland Insurance Company 1963 Bell Avenue Des Moines, Iowa 50315
163	Federal Home Life Insurance Company 6277 Sea Harbor Drive Orlando, Florida 32821
079	Federal Life Insurance Company 3750 West Deerfield Road Riverwoods, Illinois 60015
081	Fidelity Life Association Kemper Insurance Building D3 Long Grove, Illinois 60044
082	Fidelity National Life P.O. Box 8067 Dallas, Texas 75205
176	Fireman's Fund Insurance Company 200 West Monroe Street, 9th Floor Claims Chicago, Illinois 60606
454	Food Handlers Union *
096	Ford Life Insurance Company P.O. Box 1736 Dearborn, Michigan 48121
431	Ford Motor Company **
	HOSPITAL SERVICES
	MEDICAL SERVICES
	DENTAL & OPTICAL SERVICES
130	Fortis Benefits Insurance Company P.O. Box 64271 St. Paul, Minnesota 55164
468	Furniture Worker's Union *

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
608	Gallagher Bassett Insurance Service P.O. Box 8004 Itasca, Illinois 60143
014	General American Life Insurance Company 13045 Tesson Ferry Road - Claims St. Louis, Missouri 63128
437	General Electric Corporation **  HOSPITAL SERVICES  MEDICAL SERVICES
432	General Motors Corporation **  HOSPITAL SERVICES  MEDICAL SERVICES  DENTAL SERVICES
461	Glazer's Union *
083	Globe Life & Accident Insurance Company 14000 Parkway Plaza Oklahoma City, Oklahoma 73184
084	Globe Life Insurance Company 5050 North Broadway Chicago, Illinois 60640
085	Golden Rule Insurance Company 712 Eleventh Street Lawrenceville, Illinois 62439
459	Government Employees Hospital Association Box 10304 Kansas City, Missouri 64111
015	Great-West Life Assurance Company 100 Osborne Street North Winnipeg, Manitoba R3C 3A Canada
087	Guarantee Reserve Life Insurance Company 530 River Oaks West Calumet City, Illinois 60409
088	Guarantee Trust Life 1275 Milwaukee Avenue Glenview, Illinois 60025

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
089	Guardian Life Insurance Company 201 Park Avenue South New York, New York 10003
155	Gulf Life Insurance Company MC0204 American General Center Nashville, Tennessee 37250
016	Hartford Life Insurance Company Hartford Plaza Hartford, Connecticut 06115
006	Health Care Service Corporation 233 North Michigan Avenue Chicago, Illinois 60601
601	Health Claims Administration 20 East Cass Street, Attn: Insurance Dept. Joliet, Illinois 60431
605	Health Insurance Administration 1701 Golf Road - 3 Con Twrs - Suite 1200 Rolling Meadows, Illinois 60008
051	Hill Country Life Insurance Company P.O. Box 200225 Austin, Texas 78720
090	Holy Family Society of USA P.O. Box 2909 - Claim Dept. Joliet, Illinois 60434
017	Home Life Insurance Company CN1367/Nergc Piscataway, New Jersey 08854
018	Horace Mann Insurance Company 1 Horace Mann Plaza Springfield, Illinois 62701
075	Humana Insurance Company P.O. Box 1438 Louisville, Kentucky 40201
165	Ideal National Insurance Company P.O. Box 9279 Salt Lake City, Utah 84109
043	Illinois Hospital & Health Services 308 West State Street Rockford, Illinois 61101

GENERAL APPENDIX 9 (10)

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
019	Illinois Mutual Life & Casualty Company 300 Southwest Adams - Benefits Dept. Peoria, Illinois 61634
434	Illinois Bell - Benefit Dept. 225 West Randolph Street - HQ 15 G Chicago, Illinois 60606
474	Illinois Central Hospital Association 2024 Hickory Road Homewood, Illinois 60430
445	Indiana Laborers & Hod Carrier P.O. Box 1587 Terre Haute, Indiana 47808
092	Industrial Life Insurance Company 2727 Turtle Creek Boulevard Dallas, Texas 75219
093	Inter-Ocean Insurance Company P.O. Box 145497 Cincinnati, Ohio 45214
441	International Funds P.O. Box 588 Naperville, Illinois 60563
164	Iowa State Travelers 1025 Ashworth Road, #101 West Des Moines, Iowa 50265
470	Iron Worker's Union *
446	J C Penney Company, Inc. P.O. Box 869090 Plano, Texas 75086
049	J C Penney Life Insurance P.O. Box 869090 Plano, Texas 75086
071	John Deere Life Insurance Company 110 North East Street Jacksonville, Illinois 62651
447	John Deere - Heritage National Plan 909 Third Avenue - Group Claims Dept. Moline, Illinois 61265
020	John Hancock Mutual Life Insurance John Hancock Place, PO Box 111 Boston, Massachusetts 02117

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
603	John P Pearl & Associates 4815 North Prospect Peoria Heights, Illinois 61614
451	Laborers Welfare Fund *
021	Liberty Life Assurance Company 100 Lincoln Way West Mishawaka, Indiana 46544
095	Liberty National Life Insurance Company 2001 Third Avenue South Birmingham, Alabama 35233
097	Life Investors Insurance of America 4333 Edgewood Road Northeast Cedar Rapids, Iowa 52499
094	Lincoln Liberty Life Insurance Company P.O. Box 6090 Inglewood, California 90312
022	Lincoln National Life Insurance Company P.O. Box 2380 Fort Wayne, Indiana 46801
023	Loyal Protective Life Insurance Company C/O Massachusetts General Life 224 Frank Street Boston, Massachusetts 02110
473	Mail Handlers Benefit Plan P.O. Box 6222 Rockville, Maryland 20850
609	Management Services, Inc. 1420 Kensington Road - Suite 202 Oak Brook, Illinois 60521
467	Marine Worker's Union *
099	Marquette National Life 4800 North Kenneth Avenue Chicago, Illinois 60630
024	Massachusetts Mutual Life Insurance 4747 Lincoln Mall Drive - Suite 50 Matteson, Illinois 60443
444	Meatcutters & Butchers #100 1649 West Adams Street - Attn: Health Fund Chicago, Illinois 60612

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
146	Mennonite Mutual Aid Association 1110 North Main Street Goshen, Indiana 46526
025	Metropolitan Life Insurance Company P.O. Box 19928 - Indiv Claims Indianapolis, Indiana 46219
041	MICA (California Life Claims) 55 East Jackson Boulevard Chicago, Illinois 60604
152	Midland Mutual Life Company 250 East Broad Street Columbus, Ohio 43215
472	Millinery Workers Union *
479	Missouri Pacific Employee Health Association P.O. Box 3038 Omaha, Nebraska 68103
100	Montgomery Ward Life Insurance Company P.O. Box 5003 North Suburban, Illinois 60198
026	Monumental Life Insurance Company Charles & Chase Streets Baltimore, Maryland 21202
058	Mutual Benefit Life P.O. Box 419876 Kansas City, Missouri 64141
602	Mutual Medical Plan, Inc. P.O. Box 689 Peoria, Illinois 61652
028	Mutual of New York (Mony) 1740 Broadway, Mail Drop 8-1 New York, New York 10010
140	Mutual Protective Insurance Company P.O. Box 3735 - 1515 South 75th Street Omaha, Nebraska 68172
162	Mutual Security Life Insurance P.O. Box 81209 Lincoln, Nebraska 68501
027	Mutual/United of Omaha Mutual of Omaha Plaza Omaha, Nebraska 68175



<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
455	National Association of Letter Carriers 20547 Waverly Court Ashburn, Virginia 22093
102	National Ben Franklin Life Insurance 200 South Wacker Chicago, Illinois 60606
101	National Benefit Life Insurance Company P.O. Box 2800 Austin, Texas 78768
046	National Home Life Attn: Claims Services Valley Forge, Pennsylvania 19493
104	National Liberty Life Insurance Company Liberty Park Frazer, Pennsylvania 19355
106	National States Insurance Company 1830 Craig Park Court St. Louis, Missouri 63146
107	Nationwide Life Insurance Company P.O. Box 2399 Columbus, Ohio 43216
057	New England Mutual Life Insurance Company 501 Boylston Street Boston, Massachusetts 02117
029	New York Life Insurance Company P.O. Box 165, Madison Square Station New York, New York 10010
122	North American Benefit Network P.O. Box 94928 Cleveland, Ohio 44101
139	North American Company for Life & Health P.O. Box 466 Chicago, Illinois 60690
150	North American Insurance Company 150 East Gilman - Suite 3000 Madison, Wisconsin 53703
030	Northwestern Mutual Life 720 East Wisconsin Avenue Milwaukee, Wisconsin 53202

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
108	Northwestern National Life P.O. Box 1195 Minneapolis, Minnesota 55440
109	Old American Insurance Company P.O. Box 418573 Kansas City, Missouri 64141
168	Old Republic Life Insurance 307 North Michigan Avenue Chicago, Illinois 60601
167	Old Southern Life Insurance Company P.O. Box 4867 Montgomery, Alabama 36103
456	Operating Engineers Health & Welfare Fund *
177	Pacific Heritage Assurance Company P.O. Box 1020 Portland, Oregon 97207
032	Pacific Mutual Life Insurance 700 Newport Center Drive Newport Beach, California 92660
450	Painters & Decorators Fund *
110	Pan-American Life Insurance Company P.O. Box 60219 New Orleans, Louisiana 70160
111	Paul Revere Life Insurance Company 18 Chestnut Street Worcester, Maryland 01608
614	Paul Weisman & Associates 6317 Clayton Road St. Louis, Missouri 63177
112	Pekin Life Insurance Company 2505 Court Street Pekin, Illinois 61558
113	Penn Mutual Life Insurance Company Independence Square Philadelphia, Pennsylvania 19172
033	Pennsylvania Life Insurance Company P.O. Box 10234 Raleigh, North Carolina 27605

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
158	Philadelphia Life Insurance Company P.O. Box 2699 Dallas, Texas 75221
034	Physicians Mutual Life Insurance 2600 Dodge Street Omaha, Nebraska 68131
145	Pilot Life Insurance Company P.O. Box 21008 Greensboro, North Carolina 27420
060	Pioneer Life Insurance 304 North Main Street Rockford, Illinois 61101
463	Pipefitter's Union *
465	Plasterer's Union *
466	Plumber's Union *
478	Postmasters Benefit Plan 1019 North Royal Street Alexandria, Virginia 22314
004	Principal Mutual Life Insurance Company 711 High Street Des Moines, Iowa 50307
147	Protective Life Insurance Company P.O. Box 2606 Birmingham, Alabama 35202
035	Provident Life & Accident Claim Office - P.O. Box 12001 Chattanooga, Tennessee 37401
031	Provident Life & Accident Insurance P.O. Box 212039 Columbia, South Carolina 29221
157	Provident Mutual Insurance of Philadelphia P.O. Box 7378 Philadelphia, Pennsylvania 19101
036	Prudential Insurance Company P.O. Box 535 Matteson, Illinois 60443
175	Reliable Life Insurance Company 231 West Lockwood Avenue Webster Groves, Missouri 63119

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
115	Reserve National Insurance Company 6100 Northwest Grand Boulevard Oklahoma City, Oklahoma 73118
059	Rockford Life Insurance 231 West Lockwood Avenue Webster Groves, Missouri 63119
477	Rural Carrier Benefit Plan P.O. Box 668329 Charlotte, North Carolina 28266
055	Safeco Life Insurance P.O. Box 34699 Seattle, Washington 98124
607	Scott Wetzel Services, Inc. 20 North Wacker Drive - Suite 3100 Chicago, Illinois 60601
148	Security Benefit Life Insurance Company 700 Harrison Topeka, Kansas 66636
037	Sentry Life Insurance Company 1800 North Point Avenue Stevens Point, Wisconsin 54481
471	Service & Maintenance Employee *
464	Sheet Metal Worker's Union *
116	Southland Life Insurance Company P.O. Box 2220 Dallas, Texas 75221
439	St. Clair County Health Plan 10 Public Square - Room B-580 Belleville, Illinois 62220
117	Standard Life & Accident P.O. Box 25097 Oklahoma City, Oklahoma 73193
118	Standard Life Insurance Company P.O. Box 149138 Austin, Texas 78714
119	Standard of America Life Insurance 100 South Wacker Drive - Suite 834 Chicago, Illinois 60606

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
052	State Farm Health Insurance Company 2702 Ireland Grove Road Bloomington, Illinois 61709
149	State Mutual Life Assurance 1100 West 31st, Suite 460 Downers Grove, Illinois 60515
482	State of Illinois - Health Insurance P.O. Box 7100 Woodridge, Illinois 60517
160	Supreme Life Insurance Company 819 South Wabash Avenue, #202 Chicago, Illinois 60605
615	Syncor Administrative Services P.O. Box 59350 Schaumburg, Illinois 60159
457	Teamsters Health & Welfare Fund *
120	Time Insurance Company 501 West Michigan, PO Box 624 Milwaukee, Wisconsin 53201
038	Travelers Insurance Company 215 Shuman Boulevard Naperville, Illinois 60563
005	Trustmark Insurance Company 400 Field Drive Lake Forest, Illinois 60045
141	Union Bankers Insurance Company P.O. Box 655433 Dallas, Texas 75265
121	Union Casualty Company 100 Aquila Court Building Omaha, Nebraska 68102
123	Union Fidelity Life Insurance Company 4850 Street Road Trevose, Pennsylvania 19049
039	Union Labor Life Insurance Company 111 Massachusetts Avenue Northwest Washington, D.C. 20001
173	Union Mutual Life Insurance Company 2211 Congress Street Portland, Maine 04122

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
124	United American Insurance Company P.O. Box 810 Dallas, Texas 75221
125	United Benefit Life Insurance Company Dodge at 33rd Street Omaha, Nebraska 68130
126	United Equitable Life 7373 North Cicero Avenue Lincolnwood, Illinois 60646
442	United Food & Commercial Workers 4858 North Sheridan - Attn: Insurance Dept. Chicago, Illinois 60640
128	United Founders Life Insurance Company P.O. Box 2606 Birmingham, Alabama 35202
170	United Founders Life Insurance Company P.O. Box 12686 Birmingham, Alabama 35202
127	United Insurance Company of America One East Wacker Drive Chicago, Illinois 60601
436	United Mine Workers - The Funds P.O. Box 4410 Albany, New York 12204
438	United Parcel Services **  Hospital Services  Medical & Dental Services
174	United States Life Insurance Company 125 Maiden Lane New York, New York 10038
166	United Teacher Associates Ins. P.O. Box 26580 Austin, Texas 78755
129	Wabash Life Insurance Company 7887 East Belleview Avenue Englewood, Colorado 80111
476	Wabash Memorial Hospital Association 1900 East Lake Shore Drive Decatur, Illinois 62525

<u>TPL CODE</u>	<u>Insuring Organization Name &amp; Address</u> (Alphabetic Order)
040	Washington National Insurance P.O. Box 3071 - Attn: Health Claims Evanston, Illinois 60201
172	Western Catholic Union 506-510 Main Street Quincy, Illinois 62301
435	Western Electric Corporation **  Hospital Services  Medical Services  Dental Services
131	Western Southern Life Insurance Company 400 Broadway Cincinnati, Ohio 45202
091	Wisconsin National Life Insurance Company P.O. Box 740 Oshkosh, Wisconsin 54902
132	Woodmen Accident & Life Company 1526 K Street Lincoln, Nebraska 68508
133	World Insurance Company P.O. Box 3160 Omaha, Nebraska 68103
440	Zeba - Flex Plus P.O. Box 22041 Albany, New York 12201
610	Zenith Administrators, Inc. P.O. Box 11137 Chicago, Illinois 60611
134	Zenith Life C/O Ideal National P.O. Box 9279 Salt Lake City, Utah 84019
135	Zurich American Life Insurance Company 1375 East Woodfield Road Schaumburg, Illinois 60173

\* Location varies with place of union.

\*\* Contracts may change annually.

Group I (Insuring Organization) (Numeric Order)

001 - Aetna Life & Casualty  
002 - Amalgamated Life & Health Company  
003 - Bankers Life & Casualty Company  
004 - Principal Mutual Life Insurance Company  
005 - Trustmark Insurance Company  
006 - Health Care Service Corporation  
007 - Business Men's Assurance Company  
008 - Capitol Life Insurance Company  
009 - Champus/Champva  
010 - Connecticut General Life Insurance  
011 - Continental Assurance Company  
012 - Country Life Insurance Company  
013 - Equitable Life Assurance  
014 - General American Life Insurance Company  
015 - Great-West Life Assurance Company  
016 - Hartford Life Insurance Company  
017 - Home Life Insurance Company  
018 - Horace Mann Insurance Company  
019 - Illinois Mutual Life & Casualty Company  
020 - John Hancock Mutual Life Insurance  
021 - Liberty Life Assurance Company  
022 - Lincoln National Life Insurance Company  
023 - Loyal Protective Life Insurance Company  
024 - Massachusetts Mutual Life Insurance  
025 - Metropolitan Life Insurance Company  
026 - Monumental Life Insurance Company  
027 - Mutual/United of Omaha  
028 - Mutual of New York (Mony)  
029 - New York Life Insurance Company  
030 - Northwestern Mutual Life  
031 - Provident Life & Accident Insurance  
032 - Pacific Mutual Life Insurance  
033 - Pennsylvania Life Insurance Company  
034 - Physicians Mutual Life Insurance  
035 - Provident Life & Accident  
036 - Prudential Insurance Company  
037 - Sentry Life Insurance Company  
038 - Travelers Insurance Company  
039 - Union Labor Life Insurance Company  
040 - Washington National Insurance  
041 - Mica (California Life Claims)  
042 - American Fidelity Assurance  
043 - Illinois Hospital & Health Services  
044 - Blue Cross/Blue Shield - Location other than Illinois  
045 - Bankers Multiple Line  
046 - National Home Life  
047 - Combined Insurance Company  
048 - Allstate Life Insurance  
049 - J C Penney Life Insurance  
050 - Employers Life Insurance of Wausau  
051 - Hill Country Life Insurance Company  
052 - State Farm Health Insurance Company



Group I (Insuring Organization) (Numeric Order)

053 - American Republic Insurance Company  
054 - Crown Life Insurance Company  
055 - Safeco Life Insurance  
056 - American National Insurance Company  
057 - New England Mutual Life Insurance Company  
058 - Mutual Benefit Life  
059 - Rockford Life Insurance  
060 - Pioneer Life Insurance  
061 - American Family Life Assurance  
062 - American Integrity - Nollga  
063 - American Liberty Life Insurance Company  
064 - American Life & Accident Insurance  
065 - American Life Insurance Company  
066 - American Mutual Life Insurance Company  
067 - American Union Life Insurance Company  
068 - American United Life Insurance Company  
069 - Beneficial National Life Insurance  
070 - Beneficial Standard Life Insurance  
071 - John Deere Life Insurance Company  
072 - Central States Health & Life  
073 - Colonial Life & Accident Insurance  
074 - Colonial Penn Life Insurance Company  
075 - Humana Insurance Company  
076 - Commonwealth Life & Accident  
077 - Confederation Life Insurance Company  
078 - Equity National Life Insurance Company  
079 - Federal Life Insurance Company  
080 - Central Life Assurance Company  
081 - Fidelity Life Association  
082 - Fidelity National Life  
083 - Globe Life & Accident Insurance Company  
084 - Globe Life Insurance Company  
085 - Golden Rule Insurance Company  
086 - Banner Life Insurance Company  
087 - Guarantee Reserve Life Insurance Company  
088 - Guarantee Trust Life  
089 - Guardian Life Insurance Company  
090 - Holy Family Society of USA  
091 - Wisconsin National Life Insurance Company  
092 - Industrial Life Insurance Company  
093 - Inter-Ocean Insurance Company  
094 - Lincoln Liberty Life Insurance Company  
095 - Liberty National Life Insurance Company  
096 - Ford Life Insurance Company  
097 - Life Investors Insurance of America  
098 - American Independence Life Insurance  
099 - Marquette National Life  
100 - Montgomery Ward Life Insurance Company  
101 - National Benefit Life Insurance Company  
102 - National Ben Franklin Life Insurance  
103 - American General Life & Accident  
104 - National Liberty Life Insurance Company

Group I (Insuring Organization) (Numeric Order)

- 105 - American Income Life Insurance Company
- 106 - National States Insurance Company
- 107 - Nationwide Life Insurance Company
- 108 - Northwestern National Life
- 109 - Old American Insurance Company
- 110 - Pan-American Life Insurance Company
- 111 - Paul Revere Life Insurance Company
- 112 - Pekin Life Insurance Company
- 113 - Penn Mutual Life Insurance Company
- 114 - American General Life Insurance Company
- 115 - Reserve National Insurance Company
- 116 - Southland Life Insurance Company
- 117 - Standard Life & Accident
- 118 - Standard Life Insurance Company
- 119 - Standard of America Life Insurance
- 120 - Time Insurance Company
- 121 - Union Casualty Company
- 122 - North American Benefit Network
- 123 - Union Fidelity Life Insurance Company
- 124 - United American Insurance Company
- 125 - United Benefit Life Insurance Company
- 126 - United Equitable Life
- 127 - United Insurance Company of America
- 128 - United Founders Life Insurance Company
- 129 - Wabash Life Insurance Company
- 130 - Fortis Benefits Insurance Company
- 131 - Western Southern Life Insurance Company
- 132 - Woodmen Accident & Life Company
- 133 - World Insurance Company
- 134 - Zenith Life C/O Ideal National
- 135 - Zurich American Life Insurance Company
- 136 - Academy Life Insurance Company
- 137 - American States Insurance Company
- 138 - Wabash Life Insurance Company
- 139 - North American Company Life & Health
- 140 - Mutual Protective Insurance Company
- 141 - Union Bankers Insurance Company
- 142 - Aid Association for Lutherans
- 143 - Central Life Assurance Company
- 144 - American Heritage Life
- 145 - Pilot Life Insurance Company
- 146 - Mennonite Mutual Aid Association
- 147 - Protective Life Insurance Company
- 148 - Security Benefit Life Insurance Company
- 149 - State Mutual Life Assurance
- 150 - North American Insurance Company
- 151 - Commonwealth Life Insurance Company
- 152 - Midland Mutual Life Company
- 153 - Amalgamated Life Insurance Company
- 154 - American Centennial Life Insurance
- 155 - Gulf Life Insurance Company
- 156 - Cuna Mutual Insurance Society

Group I (Insuring Organization) (Numeric Order)

157 - Provident Mutual Insurance of Philadelphia  
 158 - Philadelphia Life Insurance Company  
 159 - California Western States Life  
 160 - Supreme Life Insurance Company  
 161 - American International Life  
 162 - Mutual Security Life Insurance  
 163 - Federal Home Life Insurance Company  
 164 - Iowa State Travelers  
 165 - Ideal National Insurance Company  
 166 - United Teacher Associates Insurance  
 167 - Old Southern Life Insurance Company  
 168 - Old Republic Life Insurance  
 169 - Association Life Insurance Company, Inc.  
 170 - United Founders Life Insurance Company  
 171 - Farmland Insurance Company  
 172 - Western Catholic Union  
 173 - Union Mutual Life Insurance Company  
 174 - United States Life Insurance Company  
 175 - Reliable Life Insurance Company  
 176 - Firemans Fund Insurance Company  
 177 - Pacific Heritage Assurance Company  
 178 - Combined American Life Insurance Company

Group II (Unions and Employers)

The codes 400 through 485 represent unions, employers or associations who are self-insured and process their own claims.

430 - Automotive Wholesalers of Illinois  
 431 - Ford Motor Company  
 432 - General Motors Corporation  
 433 - Chrysler Corporation  
 434 - Illinois Bell - Benefit Dept.  
 435 - Western Electric Corporation  
 436 - United Mine Workers - The Funds  
 437 - General Electric Corporation  
 438 - United Parcel Services  
 439 - St. Clair County Health Plan  
 440 - Zeba - Flex Plus  
 441 - International Funds  
 442 - United Food & Commercial Workers  
 443 - Central States Joint Board  
 444 - Meatcutters & Butchers #100  
 445 - Indiana Laborers & Hod Carrier  
 446 - J C Penney Company, Inc.  
 447 - John Deere - Heritage National Plan  
 448 - Carpenters Health & Welfare Trust Fund  
 449 - Caterpillar Tractor Company  
 450 - Painters & Decorators Fund  
 451 - Laborers Welfare Fund

Group II (Unions and Employers)

452 - Central States Southeast & Southwest Fund  
 453 - American Postal Workers Union  
 454 - Food Handlers Union  
 455 - National Association of Letter Carriers  
 456 - Operating Engineers Health & Welfare Fund  
 457 - Teamsters Health & Welfare Fund  
 458 - Electrical Workers Union  
 459 - Government Employees Hospital Association  
 460 - Bakery & Confectionery Workers  
 461 - Glazer's Union  
 462 - Boilermaker's Union  
 463 - Pipefitter's Union  
 464 - Sheet Metal Worker's Union  
 465 - Plasterer's Union  
 466 - Plumber's Union  
 467 - Marine Worker's Union  
 468 - Furniture Worker's Union  
 469 - Bricklayer's Union  
 470 - Iron Worker's Union  
 471 - Service & Maintenance Employee  
 472 - Millinery Workers Union  
 473 - Mail Handlers Benefit Plan  
 474 - Illinois Central Hospital Association  
 475 - American Federation of Government Employees  
 476 - Wabash Memorial Hospital Association  
 477 - Rural Carrier Benefit Plan  
 478 - Postmasters Benefit Plan  
 479 - Missouri Pacific Employees Health Association  
 480 - Blue Cross/Blue Shield - Federal Employees  
 481 - Aetna Life & Casualty - Federal Employees  
 482 - State of Illinois - Health Insurance  
 483 - Aetna Life & Casualty - Navistar/J.I. Case International (International Harvester)  
 484 - Blue Cross/Blue Shield - Chicago Board of Education  
 485 - Atkinson Topeka & Santa Fe

Group III (Third Party Administrators)

The codes 600 through 616 represent Third Party Administrators who process claims for self-insured unions, employers or associations.

600 - Dukane Claim Company - Aurora, Illinois  
 601 - Health Claims Administration - Joliet, Illinois  
 602 - Mutual Medical Plan, Inc. - Peoria, Illinois  
 603 - John P. Pearl & Associates - Peoria Heights, Illinois  
 604 - Brookfield - Harrington - Chicago, Illinois  
 605 - Health Insurance Administration - Rolling Meadows, Illinois  
 606 - Employee Benefit Plans - Minneapolis, Minnesota  
 607 - Scott Wetzel Services, Inc. - Chicago, Illinois  
 608 - Gallagher Bassett Insurance Service - Itasca, Illinois  
 609 - Management Services, Inc. - Oak Brook, Illinois

Group III (Third Party Administrators)

- 610 - Zenith Administrators, Inc. - Chicago, Illinois
- 611 - Benefit Administration, Inc. - Orland Park, Illinois
- 612 - Brookfield - Chicago, Illinois
- 613 - Coordinated Financial Services - Chicago, Illinois
- 614 - Paul Weisman & Associates - St. Louis, Missouri
- 615 - Syncor Administrative Services - Schaumburg, Illinois
- 616 - Employee Benefit Claims, Inc. - Minneapolis, Minnesota

Group IV (Other Third Party Liability Resources)

- 888 - Multiple TPL Sources
- 901 - Workmen's Compensation
- 902 - Personal Injury Settlement
- 903 - Accidental Death & Dismemberment
- 904 - Other State Program
- 905 - Other Federal Program
- 906 - Patient Paid \*
- 907 - Responsible Relative Paid
- 908 - Replaced Blood
- 909 - Part A Medicare
- 910 - Part B Medicare
- 911 - Enrolled Medicare Part A & B
- 912 - Medicare A & Other TPL Payor
- 913 - Medicare B & Other TPL Payor
- 914 - Medicare A & B & Other TPL
- 915 - Copayment - Recipient Paid
- 916 - Copayment - Adjustment
- 996 - Miscellaneous TPL Source
- 997 - Miscellaneous TPL Source
- 998 - Miscellaneous TPL Source
- 999 - Miscellaneous TPL Source

Uncoded Third Party Liability Name

The name of the uncoded Third Party Resource must be entered when TPL Code 996, 997, 998 and 999 are used.

\*NOTE: Personal income to be applied for client's care, such as Social Security, etc. DO NOT include veteran's benefits. Veteran's benefit codes are listed in the Uncoded Third Party.

## DIRECTORY OF PARTICIPATING HEALTH MAINTENANCE ORGANIZATIONS

<u>HMO Name and Address</u>	<u>Phone Number</u>	<u>County</u>	<u>HMO Code</u>
Chicago HMO 1 South Wacker Drive Chicago, Illinois 60606	(312) 424-4460	Cook	02
American HMO 4801 Southwick Dr., Ste. 500 Matteson, Illinois 60443	(708) 503-5000	Cook	03
Illinois Masonic Comm. Hlth Plan 836 West Wellington Chicago, Illinois 60657	(312) 296-7014	Cook	05
Humana Health Plan 30 South Wacker Drive, #3100 Chicago, Illinois 60606	(312) 441-1414	Cook	10
Unity HMO 150 South Wacker Drive, #2100 Chicago, Illinois 60606	(312) 251-0955	Cook	11
Compass Health Care Plan 9801 W. Higgins Road, #720 Rosemont, Illinois 60019-8660	(708) 292-2273	Cook	00

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## MEDICARE ACTION CODES BILLABLE ON MEDICAID INVOICES

Services disallowed by Medicare Part B with any of the following Action codes are appropriate to bill on a Medicaid Invoice with the matched EOMB attached.

Action codes not shown on this list identify services nonpayable by the Department based on Medicare's determination. A request for recommendation by Medicare may be indicated.

<u>HCSC ACTION CODE</u>	<u>CODE MESSAGE</u>
020	Medicare does not pay for transportation in a wheelchair van.
030	Medicare does not pay for the first three pints of blood in each year
060	Medicare does not pay for prescription drugs.
061	Medicare does not pay for self-administrable drugs.
082	Medicare does not pay for this nondurable equipment.
100	This service was furnished before your enrollment in Medicare Part B was effective.
101	This service was furnished after your enrollment in Medicare Part B was ended.
102	Your enrollment in Medicare Part B was not in effect when you received this service(s).
120	Removal of corns, warts, calluses or routine care of nails is not covered for this condition.
121	Medicare does not pay for supportive devices for feet.
122	Shoes are not covered by Medicare unless they are part of a leg brace.
123	Medicare does not pay for routine foot care.
140	Medicare does not pay for hearing aid examinations and hearing aids.
141	Medicare does not pay for hearing aids.
209	Medicare does not pay for routine pap smear.
230	Medicare does not pay for services of a private duty nurse.

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General Appendix 11 (2)

<u>HCSC ACTION CODE</u>	<u>CODE MESSAGE</u>
232	Medicare does not approve more than \$500 a year for services provided by a physical or occupational therapist in independent practice.
235	Charges billed by a private speech pathologist are not covered by Medicare.
238	Medicare does not pay for services by audiologists except for diagnostic procedures.
250	Medicare does not pay for routine examinations and related services.
251	Medicare does not pay for immunizations or other routine and preventive services except for pneumococcal pneumonia vaccination.
270	Medicare does not pay for services by an immediate relative or member of the same household.
274	Medicare does not pay for the services provided by this physician (supplier).
275	Services furnished outside the United States are not covered by Medicare except for certain services in connection with a covered stay in Canadian or Mexican hospital.
295	Medicare does not pay for surgical supports except primary dressings for skin grafts.
320	Medicare does not pay for the care of the teeth and gums.
321	Medicare does not pay for false teeth.
350	Medicare does not pay for routine eye examination or eye refractions.
352	Medicare does not pay for an eye examination by an optometrist except after cataract surgery.
353	Medicare does not pay for eyeglasses except after cataract surgery.
376	Outpatient psychiatric codes meaning complete or partial denial of
377	approved charges. Submit a Medicaid invoice for any service on the EOMB
378	which shows \$0.00 as the Amount Allowed by Medicare.
379	

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General Appendix 11 (3)

HCSC

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<u>ACTION</u> <u>CODE</u>	<u>CODE MESSAGE</u>
401	Medicare does not pay for services of a private duty nurse
403	Eyeglasses are denied except after cataract surgery
409	Medicare does not pay for self administrable drugs
410	Eye exams by optometrist denied except after cataract surgery
417	Medicare does not pay for routine foot care
423	Medicare does not pay for this nondurable equipment
425	Services before the Medicare entitlement date of _____
433	Medicare does not pay for routine foot care
436	Orthopedic shoes are not covered unless part of a leg brace
437	Medicare does not pay for supportive devices for feet
439	Routine pap smears are not covered
441	Medicare will not pay for the services provided by this provider
445	Services by household member or relative are denied
446	Immunizations and routine preventative services are denied
452	Care outside United States is denied by Medicare
472	First three pints of blood in each year subject to deductible
486	Medicare does not pay for prescription drugs
487	Routine examinations and related services are not covered
490	Medicare does not pay for false teeth
494	Medicare does not pay for routine eye exams or refractions
495	Medicare does not pay for hearing aid exams or hearing aids
816	Charges incurred during nonentitled period
819	The physical therapy or OT limit has been exceeded for the year
860	Charges incurred during nonentitled period
885	Medicare does not pay for trips in a non-certified vehicle
890	More than annual psychiatric maximum
895	Medicare does not pay for care of the teeth and gums
917	Services billed by a private speech pathologist are not covered
920	Non-diagnostic services billed by audiologists are not covered
958	Medicare does not pay for transportation in a wheelchair van
960	Medicare does not pay for hearing aids

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